CUMBERLAND COUNTY COUNCIL
EDUCATION COMMITTEE

The School Health Service

1965

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PREFACE

To the Chairman and Members of the Education Committee:

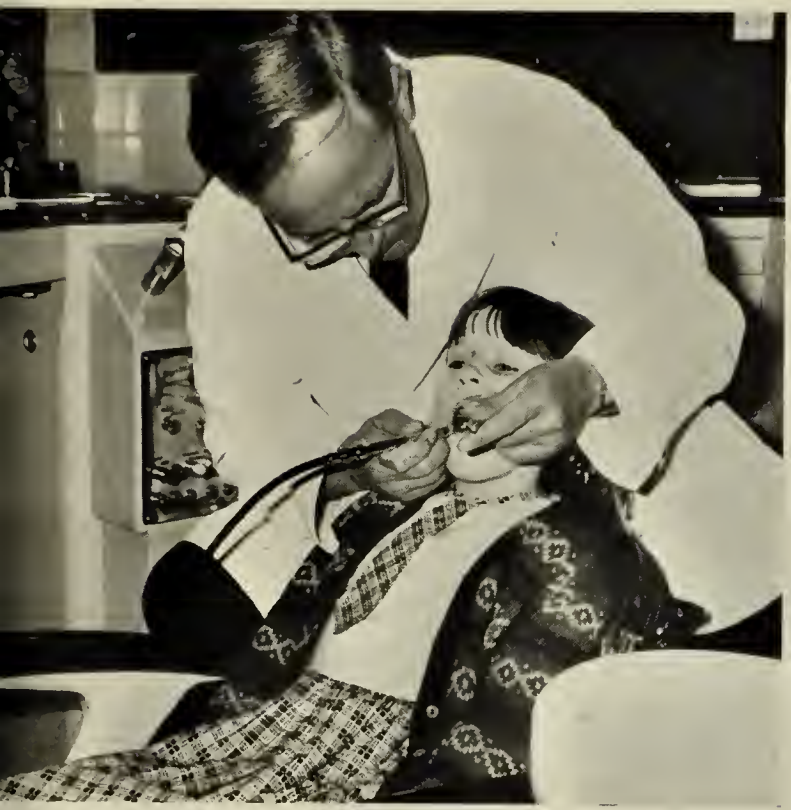
Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the School Health Service for 1965.

The School Health Service in the County of Cumberland has continued to operate on the lines already laid down, and the movement towards selective medical examinations of school children continues. At the end of the year it was felt that the time had arrived to extend this system of medical examination from the Southern area to the other two areas in the County. The basic thoughts that underlie the selective medical examination of school children are similar to those prevailing in other branches of medicine, where identified risk groups in the community are being followed through in the assessment of educational, medical, social, occupational and, indeed, environmental needs. All this accords with a broad interpretation of the idea of community care.

I am most pleased to report that I am becoming more satisfied with the special educational provision that is being made for the important group of handicapped pupils who are educationally sub-normal. The report shows that the provision made for this group is now wider and more varied than ever before. The availability of peripatetic teachers of backward children, progress class teachers and progress units in junior schools, together with the well established residential provision, all add up to a more comprehensive range of special education.

The pattern of the work of those undertaking school nurse duties has been undergoing some basic change. School nurses are persons who are qualified nurses and who have, in the main, responsibilities also as health visitors. In this latter respect they have, for some years now, been increasingly attached to general practitioner groups. Previously they worked as individuals in geographical areas.



DENTISTRY
UNDER IDEAL
CONDITIONS

PHYSIOTHERAPIST
IN THE
CLINIC

POLIOMYELITIS
VACCINATION
1965

THE SCHOOL
NURSE ON
HYGIENE HINTS

The modern concept of community medical care provides for a team working under appropriate leadership, instead of services provided by individuals. The leader of this team is, without doubt, the general medical practitioner in the group practice and it is becoming clearer to me that there would seem to be no logical reason why the general practitioner should not assume a more active rôle in the planned medical examination and assessment of the school children for whom he provides general medical care.

It is becoming apparent that although the art and science of medicine is becoming more complex, the administration of medicine seems to be on the way to becoming much simpler. The medicine of the future may well be associated in the main with two focal points—the District General Hospital and the Health Centre or Group Practice with which one would hope that the Child Welfare Centre and its staff would be linked.

Change also has been affecting the work of the School Medical Officer who continues to be the central figure in the School Health Service. Schemes of further training and intimate association with the Consultants concerned in paediatrics, otology, psychiatry and ophthalmology have progressed during the year, and I feel that the future work of the School Medical Officer may well be associated with these more specialised aspects of the medical care of youngsters in their educational setting.

The School Health Service continues to provide an efficient and adequate base for the provision of ancillary services such as audiology, speech therapy, physiotherapy, and dental services and, although there have been staff shortages from time to time associated with these disciplines, I am satisfied that an adequate service has been provided for school children in this County.

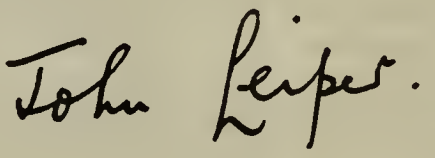
I have been most impressed during the year with the increasing interest and help from head teachers and their staffs in the matter of the health of their pupils and I am extremely grateful for this co-operation. As I have written elsewhere, I am also impressed by the wish of youth to be involved in many of the difficulties of handicapped persons in the community and

under the able leadership and far-seeing wisdom of the Director of Education, Mr. G. S. Bessey, numerous schemes of community help involving youth groups have flourished during the year.

Lastly, I wish to thank all who helped in the preparation of this report, especially my deputy, Dr. J. D. Terrell. Again the high standard of work of all members of the Health and Welfare Department continues to be invaluable.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,



Principal School Medical Officer.

County Health Department,
11 Portland Square,
Carlisle.
May, 1966.

SCHOOL HEALTH SERVICE
STAFF AS AT 31.12.65

SCHOOL MEDICAL AND DENTAL STAFF

Principal School Medical Officer—

*J. Leiper, M.B.E., T.D., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer—

*J. D. Terrell, M.B., Ch.B., D.P.H., D.C.H.

School Medical Officers—

*E. M. O. Campbell, M.B., Ch.B., D.P.H., D.T.M. & H.

D. H. Chowdhury, M.B., B.S., D.P.H. (commenced 22.2.65).

A. Crowley, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H. (resigned 11.11.65).

*J. N. Dobson, M.B., Ch.B., D.P.H. (Southern Area Medical Officer).

J. R. Hassan, M.B., Ch.B., D.Obst.R.C.O.G. (Part-time—General Practitioner).

*J. L. Hunter, M.B., Ch.B., D.P.H. (Western Area Medical Officer).

*J. Patterson, M.B., B.Ch., B.A.O., D.P.H.

*H. C. T. Smith, M.B., Ch.B., D.P.H., D.P.A. (resigned 10.1.65).

*K. J. Thomson, M.B., Ch.B., D.P.H., L.M.

The above are also District Medical Officers of Health and Assistant School Medical Officers.

*J. E. Ainsworth, M.B., Ch.B.

*H. M. Marks, M.B., B.Ch. (commenced 1.5.65).

*E. M. Spencer, M.B., Ch.B. (resigned 30.6.65).

*M. Timperley, M.B., Ch.B.

K. Walker, M.B., Ch.B. (commenced 1.11.65).

*Approved for the ascertainment of educationally sub-normal pupils.

Principal School Dental Officer—

R. B. Neal, M.B.E., T.D., L.D.S.R.C.S.

Area School Dental Officer—

I. R. C. Crabb, L.D.S.R.F.P.S.

School Dental Officers—

J. A. G. Baxter, L.D.S.R.C.S
A. B. Gibson, B.D.S. (commenced 1.1.65).
M. Green, L.D.S.R.C.S.
F. H. Jacobs, L.D.S.
I. H. Parsons, L.D.S.
A. R. Peck, L.D.S.
A. M. Scott, L.D.S.

MEDICAL AUXILIARY STAFF

Audiometricians—

Mrs. M. G. Hicks.
Mrs. M. Cross.

Orthopaedic Physiotherapists—

Miss J. A. Fraser, M.C.S.P., O.N.C.
Miss J. M. Morris, M.C.S.P.

Orthoptists—

Mrs. G. M. Richardson, D.B.O. (Part-time).
Mrs. J. Scott, D.B.O. (Part-time).
Mrs. E. Tonge, D.B.O. (Part-time).

Speech Therapists—

Mrs. E. M. Blacklock, L.C.S.T.
Miss E. B. Moon, L.C.S.T. (Part-time).
Mrs. S. Latimer, L.C.S.T. (Part-time).

NURSING STAFF

Superintendent Nursing Officer—

Miss I. Mansbridge, M.B.E., S.R.N., S.C.M., Q.N., H.V.Cert.

Deputy Superintendent Nursing Officer—

Miss M. Blockey, S.R.N., R.S.C.N., S.C.M., Q.N., H.V.Cert.

Area Nursing Officers—

Miss J. Reid, S.R.N., S.C.M., Q.N., H.V.Cert. (Southern Area).

Mrs. A. Steele, S.R.N., S.C.M., Q.N., H.V.Cert. (Western Area).

Miss M. G. M. Watson, S.R.N., S.C.M., Q.N., H.V.Cert., R.F.N. (Northern Area) (Resigned 8.9.65).

NURSES QUALIFICATIONS CODE

1. State Registered Nurse (or Registered General Nurse).
2. State Certified Midwife.
3. Queen's Nurse.
4. Health Visitors Certificate.
5. Registered Fever Nurse.
6. State Enrolled Nurse.
7. Registered Sick Children's Nurse.
8. Orthopaedic Nursing Certificate.
9. Diploma in Tropical Nursing.

School Nurses—

Full-time—

Mrs. E. M. Maguire, 1, 2, 8	Whitehaven
Mrs. M. E. Sansom, 1, 2, 5	Relief (Part-time)
Mrs. B. F. Wilson, 1	Whitehaven
Miss D. Wise, 1, 2, 3, 5, 9	Workington

Health Visitors/School Nurses—

NORTHERN AREA

Miss M. M. Butler, 1, 2, 3, 4	Longtown
Miss E. M. Chalkley, 1, 2, 3, 4	Penrith
Miss A. Dixon, 1, 2, 4	Penrith
Miss E. Henderson, 1, 2, 3, 4	Penrith
Miss B. W. Knibbs, 1, 2, 3, 4	Brampton
Miss E. A. Lockhart, 1, 2, 3, 4	Brampton
Mrs. A. W. E. Maughan, 1, 2, 4	Penrith
Miss E. Mercer, 1, 2, 4, 5	Wigton & Silloth
Mrs. M. C. Roberts, 1, 2, 4	Aspatria

Western Area

Miss G. Davies, 1, 3, 4	Workington
Mrs. B. L. Goodson, 1, 2, 4	Workington
Mrs. M. Hewitson, 1, 2, 4	Workington
Miss M. Horn, 1, 2, 4, 5	Cockermouth
Miss A. Jackson, 1, 2, 4	Workington
Miss F. Kendall, 1, 2, 4	Maryport
Mrs. M. Lythgoe, 1, 2, 4	Workington
Miss J. E. Surtees, 1, 2, 4	Workington
Miss S. Twigg, 1, 2, 3, 4	Maryport

Southern Area

Mrs. E. A. Aderinola, 1, 2, 4	Millom
Miss I. M. Alcock, 1, 2, 4	Whitehaven
Mrs. I. E. Bowe, 1, 2, 3, 4	Millom
Mrs. S. Crellin, 1, 2, 4	Whitehaven
Miss E. Crosby, 1, 2, 4	Egremont
Miss M. E. Gibson, 1, 2, 4	Ennerdale
Miss I. J. Hoult, 1, 2, 4	Lamplugh & Frizington
Miss A. M. Little, 1, 2, 4	Millom
Miss R. A. Lodge, 1, 2, 4	Whitehaven
Mrs. A. Petch, 1, 2, 3, 4	Whitehaven
Miss R. Sheppard, 1, 2, 3, 4	Cleator Moor
Miss P. Walsh, 1, 2, 4	Egremont

All the above health visitors/school nurses are seconded to general practitioners.

School Nurses—

Part-time—

Northern Area

*Miss A. Bowler, 1, 2, 3, 4	Caldbeck
*Miss A. A. Cockton, 1, 2, 3, 5	Burgh-by-Sands
*Mrs. M. Dobson, 1, 2, 3, 4	Houghton/ Wetheral/ Scotby
*Mrs. E. J. Edwards, 1, 2, 4	Hesket (part-time)
Mrs. D. M. Lancaster, 1, 2, 3, 4	Wigton
*Mrs. M. McCredie, 1, 2, 4	Lazonby (part-time)
*Mrs. M. J. Mathews, 1, 2, 3, 4	Watermillock

*Miss F. McGrath, 1, 2, 3	Dalston
*Mrs. E. E. Rome, 2, 6	Kirkbride
*Miss P. B. Simpson, 1, 2, 3, 4	Wigton
*Mrs. M. E. Wilde, 1, 2, 3	Thursby

Clinic Nurse—Part-time—

Mrs. E. M. Stafford, 1

Western Area

*Miss M. Casey, 1, 2, 3, 4	Keswick
Mrs. A. Donald, 1, 2, 3, 4, 7	Oughterside
*Miss A. M. Greggain, 1, 2, 3, 4	Bassenthwaite
Miss M. P. Reynolds, 1, 2, 4	Lorton

Southern Area

Mrs. J. A. Graham, 1, 2, 3, 4	Distington
Miss J. A. G. Hardie, 1, 2, 3, 4	Parton
Miss D. D. James, 1, 2, 3, 4	Seascale/ Gosforth
Mrs. M. Marshall, 1, 2, 3	Muncaster

*Seconded to General Practitioners.

Dental Surgery Assistants—

Miss O. Bird	Miss E. A. Parmley
Mrs. M. Byers	Mrs. W. F. Reeves
Mrs. E. Hocking	Miss M. Rogan
Mrs. S. F. Kerr	Miss M. I. Stout
Mrs. J. G. Nicholson	

GENERAL STATISTICS

The area covered by the Local Education Authority comprises 967,054 acres and the estimated population of the Administrative County in June, 1965, was 225,570.

The number of pupils on the school registers in January, 1966, was 38,743, compared with 38,553 in the previous year, an increase of 190.

In January, 1966, there were in the county:—

		No. of pupils
Nursery school	1	40
Primary schools	237	22,821
Non-selective secondary schools	25	9,536
Grammar schools	10	5,955
Secondary Technical schools	1	299
Residential special schools	2	
(One for educationally subnormal boys, age range 9-16 years)		57
(One for educationally subnormal girls, age range 9-16 years)		35
		38,743

THE PATTERN AND DEVELOPMENT OF THE SERVICE

Administration

The School Health Service continues to centre upon the medical examination of school children at appropriate points in their school life. This will now be a more selective procedure. Added to this are the special services for which we rely so much on the consultants seconded by the Regional Hospital Board and the ancillary staff such as speech therapists, orthoptists, etc. Then there are the special arrangements for the examination and follow up of handicapped school children with advice on their special education where necessary. The picture is completed by the immunisation and vaccination services provided in the schools, whereby alone I can be sure that a high proportion of the child population is adequately protected against the major infectious scourges, and by the extensive dental treatment service provided by the Principal Dental Officer and his staff. Each of these aspects of the work of the service is dealt with more fully in the course of this report.

An account was given last year of the pattern of area administration of Health and Welfare Services, including the School Health Service, which had just been put into operation. The three areas which are contiguous with the corresponding education areas have undoubtedly functioned well within the new pattern of administration. From the point of view of this department the more local contact between the Area Medical Officer and the Area Education Officer has certainly been helpful, and similarly contact with the head teachers on the area basis has progressed helpfully. This now well established administrative pattern will facilitate the early extension of selective medical examinations involving more frequent contact between the school medical officer and school nurse and the schools themselves.

A major development within the nursing service of the Health and Welfare Department during 1965 has been a reorganisation based amongst other factors on the increasingly specialised functions of the health visitor/school nurse. It is now firm Ministry of Health policy that domiciliary nurses carrying out health visiting duties should be duly qualified

health visitors. This inevitably leads to a situation where fewer nurses combine the duties of health visitor and district nurse and, except in the most rural areas, health visiting work will be carried out by fully trained staff. The medico-social work of the health visitor has always been very closely related to the functions of the school nurse and this especially so with regard to that most important facet of her work, viz., health education. It is inevitable, therefore, that more schools will be served by these specialised nurses in the future. The advantages of this in no way reflect on the wonderful job which has been done by many rural nurses in the past combining often health visiting, home nursing and midwifery duties, and carrying out school health functions most admirably.

While discussing aspects of the work of the staff of the School Health Service, a movement towards the sharing of more staff, notably speech therapists and orthoptists, with the hospitals has developed. I think this is but a reflection of the increasing unity within the Health Services which can only benefit all sections of the community.

The element of selection in the health supervision of school children will involve a more sophisticated approach to preliminary screening of certain health factors, notably vision and hearing, and it is interesting to consider the place within this pattern of the skilled technician. Apart from the vision screening work carried out for many years by school nurses, the first-comer in this field has been the audiometrician, and already in one area of this authority her duties have been combined with vision screening, using a new vision screener which she can conveniently use at the same time as the audiometer. It is interesting to consider whether a new class of worker in this general category is going to play an important rôle in the School Health Service in the future, leaving to the school medical officer such remaining examinations for a child as may seem necessary and the final assessment of the whole situation: the school nurse for her part treating all hygiene broadly and concentrating very much on the health educational aspects. All of this seems very much in keeping with the future trends in preventive health generally.

I am fortunate again this year to have the comments of a junior school headmaster of wide experience on the School

Health Service. Mr. S. A. Bell, Brampton Junior School, has contributed the following which fits singularly well alongside the comments published last year by Dr. K. J. Thomson, retiring school medical officer. Mr. Bell and Dr. Thomson have worked harmoniously alongside each other for several years in the School Health Service and the following contribution by the former is much appreciated. Mr. Bell writes:—

"Those of the teaching profession who entered the County's schools as pupils in the first decade of the century, and who experienced the 'advantages' of the rudimentary School Health Service then existing, cannot but be gratified at the extent of the Service which is the inheritance of the child today. The constantly increasing national wealth, the leadership of Central and Local Government Bodies, and the dedicated service of the School Medical staff, are factors which have expedited this remarkable advance. Teachers have, inevitably, been an integral part of the School Health Service, and have unreservedly encouraged and assisted the Service at every step, knowing always that the degree of the success of their efforts in educating the pupil depends constantly upon the enhanced physical, mental and moral well-being of the child.

"At this moment, when the reorganisation of Secondary Education appeared to be completed, we are faced with an increased impulse towards Comprehensive Education, and the early introduction of an increased school leaving age. It is reassuring to hear that despite inevitable additional demands on the building and financial resources of the country to meet the immediate needs of these situations, a first measure of priority is to be given to the bringing up to standard of many Primary Schools, the rehabilitation of which is long overdue. It cannot be overstressed that the modern or modernised school, spacious, warm, airy, light and adequately furnished in the light of modern concepts, has an influence on the whole existence of the child, the advantage of which in terms of health potential is incalculable.

"Within the last decade the virtual eradication of diphtheria, the general control of poliomyelitis, and the near-disappearance, so to speak, of tuberculosis, through the use of vaccines and related substances (this treatment in the early period largely effected in the school) has relieved all staffs of

major worries and, indeed, of personal risk. The present introduction of a permanent system of selective medical examination will ensure the increased degree of attention to the most needy as each case may merit. It would appear, therefore, that with the robust continuing robust, and the others receiving additional specialist attention, teaching staffs might advantageously direct their closer attention to the easing, where practicable, of those many, perhaps lesser situations, which cause short term or even long term distress to children and reduce their regular attendance at school, thus upsetting their continuity of progress in class pursuits.

" Continuing their detection rôle, amongst other things, teachers will analyse difficult-behaviour situations, have a sense for and an understanding of unfortunate home conditions, discover incipient forms of malnutrition and other causes which result in lassitude in class and playground, note forms of postural deficiency, encourage hygiene in its most general and basic needs, keep a check on states of clothing and general tidiness, as well as encouraging amongst children a balanced acceptance of each other as individuals in the school society.

" Illness, such as gastro-intestinal infection (some investigation into the incidence of this state is being conducted at the moment) may set up remarkable repercussions. Teachers are aware of the need to ensure that even where crowded conditions obtain, risk of incurring infection is minimal. Hence the need for an insistence on washing of hands and a daily change of towels. The regular wiping down of toilet seats, chains and door handles by caretakers, using a suitable disinfectant, is imperative. Immediate assistance from the Area Medical Officer obviously is sought if this gastric state arises. The unhurried school meal, the cleanliness of the school kitchen, the careful preparation of food, adequate mastication, and a score of sensible observances on the part of preparers and consumers, help in the prevention of acute situations. Teachers generally acknowledge that from school kitchens, food of balanced nutritional value emerges and is presented in an acceptable way. Indeed, in many instances the standard is immaculate. The restraint which the School Meals Service places on the use of school kitchens by ' outside ' bodies which would seek the use of these facilities, is correct and commendable.

" The possible appointment of Matrons, suggested in last year's report by Miss Wandless, adequately trained and vested with authority equal to that of the teacher, could ease the situation with regard to the supervision of school meals, which duty bears hard on the staffs of Primary Schools and, more emphatically, on the teachers in Infants' departments.

" The confidence of the parent in the School Health Service is swayed by the degree of promptness with which any known situation receives attention. This applies, of course, especially to occasions when accidental injury has occurred. Here we must recognise the immediate assistance given by the local hospitals and the general practitioners. The early replacement of broken spectacles and the repair or renewal of different forms of appliances and hearing aids is important. In dental situations, emergencies constantly arise. The School Dental staff respond immediately to calls for help.

" Cases of infestation still occur. We know exceptionally clean children may become affected, causing acute embarrassment to the pupils concerned and, inevitably, considerable indignation in the parents. It might be observed that one problem family in this respect, with a large number of children entering school at regular intervals, may prolong this risk situation for upwards of twenty years. The unremitting work of the health visitor/school nurse, in eradicating infestation, must be gratefully acknowledged. Skin diseases—impetigo, scabies, ringworm—so great a scourge thirty years ago, are not now often encountered, and many younger teachers might understandably fail to recognise these contagions today.

" In instances where a child, by reason of assessment by School Psychologist and examination by Area Medical Officer, is found to be recommended for admission to one of the County's Special Schools, it is of great concern to teachers if the child enjoys the protection of loving parents in a comfortable home, whether he should be admitted there, at primary school age. These are most difficult situations to resolve, though it may well be, where educational backwardness is marked, the long term interest of the child will have first consideration. It is hoped that a progressive broadening of the Education Service, particularly in relation to Progress Classes, many of which are now working well, and the appointment of truly dedicated

teachers possessed of the extraordinary human understandings and teaching skills, which must be fundamental, will meet many of the needs at the primary stage. The principle of the Sabbatical Year might wisely and generously apply to teachers undertaking this work. Close and constant contact with parents for the purpose of affording them reassurance at every step is an undeniable personal right.

" The schools welcome visits and guidance from the many specially qualified people in the County's service, whose work is advisory, preventive, remedial and corrective.

" The teacher's function is to teach. It is assumed, however, in law, that the teacher's relationships with his pupils must constantly be as that of a wise parent. In this context it is known that an unlimited number of conscientious duties are fulfilled which have the effect of expediting the purposes of the School Health Service. Health talks appropriate to children of all ages up to adolescence are supplemented by selective use of films, lectures, broadcasts and television topics, and are related in upper stages to particular courses of study. Teachers organise voluntarily and in their own time, vast numbers of healthy and educational activities which are supplementary to general school work, these varying from local excursions with a specific purpose to more ambitious journeys abroad. Inter-school athletics are shared in on a county and national scale, much work being directed and inspired by the County's Physical Education Organisers. The scope of the County's Youth Service is constantly expanding.

" It is a statutory requirement that the Annual Report of the Principal School Medical Officer of this and other Authorities be presented to the Department of Education and Science for consideration by that Department's Principal Medical Officer. Thus a picture of child health over the country as a whole can be built. Copies of the Report are interchanged with those of most counties and county boroughs and are distributed to members of local government committees as well as to schools. It may be justifiably assumed, therefore, that over the years the School Health Service of the county has amassed a wealth of experience and knowledge of child health situations which, being available to other authorities, may have influenced thought and policy on these matters far beyond Cumberland's borders. It may correctly

be said that the County's teachers have a wide degree of satisfaction in having so many and rewarding points of contact with the School Health Service.

"The impending changes which are expected to result from recent enquiry into the whole scope, method and purpose of education, would appear to coincide with a peak in the health circumstances of the school population. Confidently, it may be anticipated that all will take any revolution in their stride."

Medical Examinations

Plans were completed at the end of the year for discussions with head teachers of schools in the western and northern areas on the extension of selective medical examinations to these areas.

The number of reports from different areas of the progress and development of selective methods in medical examination of school children has been steadily increasing and the point made in my report last year is constantly underlined that continuing studies of the details of each scheme adopted are necessary. However, the overall advantages of more frequent contact between the teaching staff and the staff of the School Health Service seem to be established, and the precise details of the methods of selection and the approach in each school can be worked out by the staff concerned. If too high a proportion are selected for examination obviously the whole scheme could be frustrated. The time occupied on selection, discussion and decision should show its value in the results in terms of really significant defects found which had been previously undiscovered or incompletely appreciated. Once again I am indebted to Dr. Dobson, Southern Area Medical Officer, for his comments on another full year's working of the selective procedure in the south, and I look forward next year to being able to comment on the preliminary reports of the Western and Northern Area Medical Officers.

In considering the pattern of medical examinations, one is always very acutely aware that the opportunity for these to occur as required often ceases abruptly when a child leaves school. This question is highlighted by one of the school nurses who writes in her report as follows:—

" Continuity from the infant welfare centre and extending to the adolescent worker, with relevant information made available to the family doctor, or the doctor in industry, regarding the health of the school leaver, would ensure that the early years of employment were covered by health supervision."

A first move along these lines will possibly concern pupils proceeding to university and I am very glad to know that the Department of Education and Science is interested in furthering liaison between school and university health services. I hope in the course of next year to approach certain larger industrial firms in the county to explore with them and their industrial medical officers, useful points of contact between school and industrial health services.

Study of table " A " in Appendix, page 96, shows a similar picture to that for 1964 with regard to the groups of children examined and the numbers found to have defects. Again approximately half of the children in the 8 and 12 year old age groups screened for medical examination mainly by questionnaire were selected in for examination; and of the 8 year olds so selected, less than 10% were found to have defects. This latter figure is too low to leave me satisfied that the selection is yet accurate enough. I look forward next year to being able to begin to compare the figures from the three areas of the county.

Dr. Dobson contributes the following remarks from the southern area:—

" The change from routine medical inspections to the selective system took place just over two years ago. During this period it has been evident that opinions on the value of the system amongst other authorities remain very divided. Without differences of viewpoint generating the warmth excited by the fluoridation controversy, most school medical officers already have decided opinions whether or not they wish to employ the scheme themselves.

" The genuineness of these opinions cannot be doubted for all are agreed that the routine inspection of large numbers of healthy school children is a time wasting procedure. Why this dissension?

" It can be argued that the current means of selection of pupils for inspection are too imprecise to ensure that pupils do

not suffer unnecessary physical or educational handicap through a failure of selection. No method of selection can be sufficiently trusted never to fail in this respect, and if the method of selection is sufficiently broadly based to offer a reasonable safeguard, 50% or more of the pupils in the age group concerned will be called for inspection. If then adequate time is to be allowed for each pupil and parent, and also an allowance made for the medical officer to visit the school for a preliminary discussion, no time is saved and part of the object of the scheme is lost in that additional time for special cases and handicaps is not available.

" Introduction of the scheme in the southern area in the past two years has led me to think that it may not be possible to evaluate accurately selective inspection in relation to periodic medical inspections. A number of reports have been published of attempts to compare the two systems on a statistical basis. No matter how carefully planned, all may suffer from an inescapable defect. There is a natural tendency to make the trial in a school where the staff is co-operative and the school nurse concerned has adequate experience and time available to participate. The school medical officers making the inspections are in all probability particularly alert for every possible defect, but when the system comes to be applied universally in the area it still needs to work reliably with all sorts of schools and all types of family, while all manner of school staffs will be encountered. Nurses and school medical officers vary no less widely in capability, industry and experience. At this time also some parts of the country are suffering from a shortage of school nurses, while the lack of medical officers for public health duties is widespread. Any understaffing which leads to the deferment of inspections is a reminder that routine medical inspection is easier to catch up with subsequently. Reports in the journals of a number of trials have shown that there is unlikely to be a sufficiently comprehensive selection unless 50% or more of pupils is chosen. A recent survey quoted the following figures: 52%, 49%, 63%, 44% and 37% for the proportion selected in different trials. The smallest figure referred to a trial where a questionnaire only was employed.

" Experience in this area has been that it is necessary to pick out some 50% or more, especially if one includes requests

made by parents who are informed that they have a right to inspection if they so choose.

" If there is any truth in the reflections foregoing, it is quite possible that only experience of the scheme over a number of years will enable a firm conclusion to be made about its applicability in one's own authority."

I am very grateful to Mr. R. Bell, Headmaster of the County School, Arlecdon, Frizington, for the following very helpful and appreciative contribution on the selective medical system now operating in the southern area:—

" The revised system of selective medical examination of pupils introduced in 1964 in the southern area appears to me, as the headmaster of a small semi-urban school, to be working well.

" In the days of the full yearly inspection and when medical cards were retained at school, considerable clerical work was involved and this, naturally, took away from teaching time. So the transference of the cards to the area health office and their completion by office staff was a move very much welcomed by teachers. The timing of the pupils' examinations, too, has been acclaimed by parents who spend less time waiting around.

" From a school point of view, I find less upset than when the examination was yearly. The degree of upset, however, does depend on the accommodation available in the school, both for the actual examination and for the waiting parents.

" So much for the scheme as it affects teachers. What of the scheme from the standpoint of the pupil?

" The revised scheme means that less time is given to routine examinations and thus more attention can be devoted to the special cases that require it. It does, however, mean that greater responsibility is placed on the teacher to bring forward cases for further examination. This responsibility is, I believe, accepted by the majority of teachers for they realise that physical shortcomings are almost invariably coupled with a reasonable rate of progress.

" Close co-operation between the School Health Services and the school itself is vital for the utmost benefit to the child.

Schools now can avail themselves of the extended services of sight testing and audiometer testing. In addition, the diagnostic testing of pupils by the Health and Welfare Department can very often suggest new approaches for teachers in respect of the ' slow learners.'

" The close co-operation of the school nurse with the schools has been of great importance. Her work, together with the health education carried on in the schools by the teachers, has resulted in a much higher standard of cleanliness.

" The attitude of the pupils to the doctor, too, has altered over the years. When I was a young teacher, the announcement in the school ' that the doctor was coming ' put a real sense of apprehension, if not fear, into some of the children. Many were absent on the actual day of examination.

" It says much for the approach of our medical staff when we now see the infants going in readily and confidently to the medical room.

" For the future I think we in the schools can expect further extensions of the school health services and the School Health Service will find the willing co-operation of the teachers. We, as teachers, realise that we generally find the soundest minds in the soundest bodies, and we are prepared to do our part in bringing about this state of affairs."

Dr. H. M. Marks, a recent recruit to the medical staff of the School Health Service, makes the following interesting observations on her early impressions in medically examining school children in West Cumberland:—

" Routine medical inspection of children shows a continued improvement in health.

" The two main problems which I noted at many schools were (1) nocturnal enuresis and (2) poor posture.

" Enuresis appears to be one of the commonest troubles of childhood and there is so often a feeling of shame on the part of parent and child on presenting this condition. If only this frequency of bed-wetting were known; if only parents would talk about it, there would be much less worry for the parents and for the children and, as a result of this, there might well be far less enuresis in later childhood and adult life.

" It is amazing the number of parents who deprive their children of fluids in the hope that they will excrete less. Apparently a highly concentrated urine can cause irritation of the bladder. When enuresis occurs nightly many parents expect the child to leave the safety of his room at night and find his way barefooted on a cold oilcloth to the W.C., which is sometimes downstairs. The humble 'potty' appears to have vanished from the domestic homes as rapidly as the chamber pot has from the hotel bedrooms.

" A fair percentage of children in junior, secondary modern and grammar schools presented at medical inspections exhibiting poor posture: shoulders drooping forward, curved thoracic spine and protruding abdomen. This was most noticeable amongst adolescent girls.

" These children with poor posture defects have abdominal breathing and insufficient aeration of the lungs. Proper breathing can ease the difficulties resulting from respiratory diseases.

" Advice on how to draw the shoulder blades together to open up the chest cavity, and to tighten abdominal muscles, all help to improve the stature, appearance and general well-being of the child."

Dr. J. E. Ainsworth, Assistant School Medical Officer, has made the following comments on medical examinations:—

" I find doing Child Welfare Clinics in the same area as one does school medical inspections gives the mothers with babies, plus a school child, an opportunity to know you and vice-versa and there will be, when one is longer in the School Medical Service, a continuation from babyhood to school. I find this work and association very valuable."

The Work of the School Nurse

While bearing in mind the fact that the more or less routine hygiene inspections carried out in schools by the school nurse remain a matter of great importance, the need of a considerable amount of flexibility in pursuing this work is equally evident, with a definite movement towards a still more positive health educational approach to the school child. Most interesting variants of opinions on this emerged from a recent discussion

with a group of head teachers. While all readily agreed that the "march past" for "head inspection" must be progressively modified, the means of ensuring the detection of the few persistent offenders gave rise to useful and differing suggestions—should the suspected children be called out on some pretext so that the nurse could check up on them unobtrusively, or for the sake of their feelings and self-respect, must all have some kind of routine examination? Clearly each school will wish to work out its own salvation on these points, and the more the school nurse and school doctor become accepted as frequent visitors, the less conspicuous will anything they do be thought. Already many of the nurses have begun to modify their approach to hygiene, and particularly head hygiene inspections, and the willing co-operation of the teaching staffs in this has been very helpful.

Two of the school nurses in the western area have commented as follows on the specific subject of head hygiene:—

"Very few of the younger children have pediculi or nits, but it has been found that in the older age group there is some infestation. It is possible that the fashion conscious older group are more interested in elaborate styles and hair lacquer than in basic hygiene.

"Dandruff of the scalp and more cases of adolescent acne have been noticed among the boys, aggravated, no doubt, by long hair hanging over forehead and neck."

The overall picture with regard to head infestation in 1965 was again a little more encouraging. The number of children found infested was 1,048 which is the lowest figure recorded in the past five years. This, it is gratifying to note, cannot have been due to the smallness of the number of examinations carried out, because this figure, although scaled down a little from last year as is indicated above, was still over 100,000. This trend is reassuring in view of the curtailment of head examinations.

During the course of 1965 a one-week residential refresher course was held at Dalston Hall, nr. Carlisle, for health visitors, most of whom are also school nurses. Many of the topics on which lectures and discussion centred were closely related to the school health work of the nurses. These included concepts

of comprehensive community care, the training of the future health visitor, a comparison of this class of nurses' work with their colleagues in other countries and, probably most important of all, a full day on the subject of health education to which we were fortunate to attract the Medical Director of the Central Council of Health Education and one of the foremost local authority health education officers in the country.

A further residential course for nurses under the general title of " Communications " will be held in the Spring of 1966 as a joint venture between local authority and hospital nursing staffs, and I am sure that the importance of this all pervasive topic will not be lost upon the nursing staff who carry out school health functions. Further reference to the work of the school nurse in the field of health education appears in the section under this heading.

Employment of Children Bye-Laws.

The figures below show the numbers of children examined during the year in accordance with the above bye-laws. One of the children examined was found to be unsatisfactory.

Total examined during the year	295
Total number of children involved ...	267

Examined for the first time	Re-examined once	Re-examined twice
267	28	Nil

School Clinic Work

This particular facet of the work does not appear to call for any very extensive comment this year. It will be seen from the tables on pages 27 and 28 that the numbers of children attending have not changed substantially and no indication has appeared of need for more regular school clinic sessions than the few still conducted at Flatt Walks, Whitehaven, and Park Lane, Workington.

It will also be seen that the total number of children attending and the total attendances at most of the clinic situations at which school children can be specially seen has decreased and this follows a downward trend which has been apparent for the past four years. I feel that this must be associated with the closer working of the health visitors, school nurses and family doctors, and I regard it as a perfectly healthy

sign that the medical care of school children should be in the hands of the family doctors, apart from the screening examinations which are carried out in the schools. That the latter themselves may well also one day come into the sphere of the family doctors is a point which will, I am sure, receive progressively greater attention in the next few years.

Salterbeck Clinic, Workington, has during the first full year of its service proved its value in that area and another clinic in the same series, viz., at Cleator Moor, was about to be opened at the end of 1965.

The most important single advance with regard to school clinic work concerns the progressive improvement of dental clinics, including the excellent facilities along these lines in the new buildings. This is fully dealt with by Mr. Neal, the Principal School Dental Officer, in his report on page 71.

Clinic	New Cases	Total Attendances
Anthorn	—	—
Aspatria	7	16
Brampton	7	8
Cleator Moor	8	8
Cockermouth	45	86
Egremont	5	5
Frizington	—	—
Houghton	—	—
Keswick	—	—
Longtown	3	3
Maryport	56	108
Millom	15	16
Penrith	11	11
Scotby	—	—
Wetheral	—	—
Whitehaven (Mirehouse)	11	12
Whitehaven (Flatt Walks)	95	103
Whitehaven (Woodhouse)	7	10
Wigton	23	27
Workington	122	305
	415	718

SCHOOL CLINICS

Defect Code No.	Conditions for which child attended	New Cases						Total Attendances					
		1965	1964	1963	1962	1961	1960	1965	1964	1963	1962	1961	1960
1.	Cleanliness	—	1	11	—	1	5	—	1	16	—	7	16
2.	Infestation	2	17	2	—	6	51	9	34	2	—	13	126
4.	Skin diseases	36	88	147	597	524	827	62	195	408	1891	1867	2906
5.	Eye diseases	119	145	169	303	298	270	212	186	316	729	698	855
6.	Ear conditions	87	110	78	64	63	72	208	163	105	213	233	247
7.	Nose and throat conditions	14	25	44	50	37	55	20	53	68	80	77	128
8.	Speech defects	26	17	21	34	22	25	30	19	22	43	26	34
9.	Lymphatic glands	2	—	3	16	3	3	2	—	4	21	7	5
10.	Heart	1	1	3	2	2	5	4	1	3	11	4	17
11.	Lungs	4	6	18	37	23	21	6	6	26	358	51	97
12.	Developmental	1	2	2	6	2	1	4	3	5	13	8	9
13.	Orthopaedic	38	36	46	105	35	84	49	47	48	165	54	132
14.	Nervous system	6	20	2	5	7	19	8	70	3	32	12	256
15.	Psychological	18	13	12	25	16	15	26	21	17	45	29	34
16.	Abdomen	5	5	13	15	5	17	9	9	16	25	8	40
17.	Other conditions	56	103	103	244	356	732	69	237	188	541	856	1826
		415	589	674	1503	1400	2202	718	1045	1247	4167	3950	6728

SPECIAL SERVICES

The special services included under this heading are those concerned with ear, nose and throat conditions (including audiology services); visual defects, detected and treated (including orthoptics); speech defects; and child guidance. The value of each of these continues undiminished in the School Health Service and my indebtedness to specialist colleagues in ophthalmology, ear, nose and throat, and psychiatry remains great.

The discussions I mentioned last year in connection with the locations of specialist school clinics have been followed up in the general direction of greater school medical officer participation—notably in ophthalmology for refraction work. Those are the clinics to which school children are referred from school medical inspections for more detailed and skilled investigation of defective vision, as well as appropriate treatment. In each area, one school medical officer is now under training with the Ophthalmologist in refraction work and will, as soon as possible, begin his or her own refraction clinic work in school premises, referring to the specialist at his hospital clinics only those cases in which special problems or difficulties arise. Similarly, in relation to ear, nose and throat clinics, links are continuing to be strengthened in the field of audiology (the management of the hearing impaired child).

In the northern area of the county I am also glad to say that one of the school medical officers is now linking up with the consultant paediatrician, primarily in connection with developmental work in young children and this close liaison will be invaluable in the School Health Service. The advice and interest of both Dr. Platt, Consultant Paediatrician in West Cumberland, and now also Dr. Elderkin, Consultant Paediatrician in East Cumberland, is of cardinal importance to the School Health Service.

A one week residential course is being planned for School Medical Officers for the autumn of 1966 and this is, to a large extent, centred on the special services provided within the scope of the School Health Service generally, as well as on aspects of clinical work which link with the health supervision of the pre-school child. I shall give some account in my report next year on this course.

Ear, Nose and Throat Conditions and Audiology

As indicated in the full report which Mr. Page, Consultant Ear, Nose and Throat Surgeon, contributed in my report last year, by far the most important part of this work is in the audiology field, and I give below an account of this work in the county during 1965—once again a story of which I believe the local education authority can be rightly proud.

Audiology Services

The pattern of audiology services in schools has not changed in 1965, looking to the routine testing of school entrants for the major detection of hearing loss. This, combined with the testing of all infants between six and nine months by the health visitor, provides at present for two routine general screenings in every child's life. Thereafter, of course, any child may be brought forward at any time for audiometric testing on the slightest suspicion of hearing loss. Moreover, all registered handicapped children are so examined, including the educationally subnormal, and all receiving speech therapy.

Dr. Hunter also mentions further below his continuing interest in children with a family history of otosclerosis, and Dr. Timperley mentions small groups tested following measles or mumps, and pilot testing of a group of ten year olds in the Northern Area who were not examined at five years because the service was not then developed. Again, in co-operation with the Educational Psychologist, arrangements are in force in the Northern Area for the special audiometric screening of all children within the intelligence range of I.Q. 80-90.

The main statistics are shown in the tables on pages 42-43 giving for each area the numbers of routine and special testings and the numbers and proportions which required retesting. The Northern Area figures are this year more comparable with those of the West and South.

Excellent co-operation continues with the Consultant Ear, Nose and Throat Surgeons and arrangements are made as required for the attendance of a School Medical Officer and a Teacher of the Deaf at Consultants' clinics where hearing impaired children are being seen.

Handicapped leavers' case conferences, so far as they have developed, have been most helpful in respect of deaf and partially hearing children, and follow-up by the Teacher of the Deaf after leaving is proving of great benefit to the young people concerned. At the time of writing an adults' hard of hearing club is being developed in one part of the Northern Area and a few partially hearing young people who had recently left school are being interested in helping in this venture. This should prove helpful to themselves and to the others for whom recent experience and modern methods from " Deaf " schools will be stimulating and instructive.

In the course of 1966 a complete review will be made of the present pattern of audiology services taking fully into account the experience so far of other authorities and the significance of such developments as the " At Risk " register and progressive moves towards greater co-ordination of services for handicapped children generally.

Dr. Hunter, Western Area Medical Officer, writes as follows:—

" The basis of the service in the detection of deafness remains the application of simple screening tests in the infant by the health visitor and the audiometric test on entry to school. Cases with apparent loss are followed up by the clinic doctor and, thereafter, in some cases, by the otologist. In a few cases, however, the family doctor elects to take over fuller ascertainment and treatment.

" The screening test applied in schools is still non-selective, i.e., *all* entrants are tested and some ten to twelve per cent. are found to have an apparent loss. Half of these again require investigation but only a small number in the end have significant deafness. The compilation of an ' At Risk ' register was started in 1963 and it should, therefore, be possible to correlate the audiometry findings of 1968 against the ' At Risk ' position of each child and thence, perhaps, obtain some indication as to a more selective testing of this group instead of the present all-embracing system. The present system has, at least, the advantage of simplicity in application and administration and, perhaps, brings to light more effectively cases of conductive deafness and ensures treatment of the conductive *cause* of the deafness at an earlier stage. It is interesting

to note here that the only two profoundly deaf children under five years of age and in schools for the deaf had no known " At Risk " factor in the etiology of their condition. Both were referred by the health visitor because of failure to pass the simple tests of hearing carried out in the home. On the other hand two cases suspected by the clinic Medical Officer were found to have ' At Risk ' factors — one child of three whose mother suffered from toxaemia of pregnancy and one child of four who was premature and had jaundice in the first week of life. The former case is, however, likely to prove to have a conductive defect and the latter, if perceptive, is likely to be of mild or moderate degree. Of school entrants born in 1960 who showed a loss on audiometric testing a search of the birth records in thirty sample cases revealed possible etiological factors in five cases. It will be interesting to see if those with a real hearing loss, after further investigation, fall within this small number.

Pre-School Children

" Of children under 5 years of age only two are receiving educational treatment in special schools for profound deafness; both wear hearing aids. Two more young children (noted above as with ' At Risk ' factors in their history) were suspected of deafness by the Child Welfare Medical Officer. One has a moderate to severe conductive loss and awaits removal of tonsils and adenoids and the second case is under the care of the family doctor for a moderate loss.

" One full-time audiometrician covers both the Western and Southern Areas of the County and now submits separate reports on each school visited to the Area Medical Officers. In the Western Area 1,598 entrants underwent audiometry and of these 188 (11.8%) showed an apparent loss of hearing. Further testing after a lapse of time (about three months) showed that almost half of the cases had reverted to normal, while the others (87 or 5.7%) required referral to the School Medical Officer and, thereafter, were undergoing investigation or treatment. Special cases brought forward totalled 132. Of these twenty-five required further investigation, including two unilateral severe to moderate cases and two bilateral severe to moderate cases.

" Table 1 gives further details of the work of the audiometrician.

" In addition to the number of re-tests shown in Table 1 the audiometrician also carried out third or subsequent tests (a total of 226 tests) in cases under observation or treatment and in children of families with a history of otosclerosis (one child after a third yearly test shows a mild loss and will be observed). The special cases came forward as shown in Table 2.

" During the year forty-three of the 1965 cases and five from earlier years were referred to the School Medical Officer and nineteen of the 1965 cases and six from earlier years were referred to the otologist.

Findings in 1965

Severe Cases

" Four new cases came to notice of which one was a very severe or profound bilateral deafness in a grammar school boy of 18 years who sustained an almost complete nerve loss due to fracture of the skull in a climbing accident. He has been fitted with a hearing aid but had left the district before the end of the year. Three unilateral cases were also discovered towards the end of the year—one due to wax; the other two are under observation.

Moderate Cases

" Four came to light — two bilateral cases and four unilateral. One bilateral case of high frequency deafness had poor speech, prematurity and measles in his etiology, and has been referred to the otologist. The second case was due to wax. Of the unilateral cases one was conductive in origin but left the district before complete elucidation, while the other, also likely to be conductive, was referred to the family doctor.

" At the end of 1965 the known state of deafness in the Western Area was as follows: —

	Unilateral	Bilateral
Severe	25 ...	14
Moderate	26 ...	19
Mild	80 ...	97

" The severe cases include children profoundly deaf and in special school. The children with hearing aids are included in the bilateral severe and moderate groups."

I include below the report of Mr. Abbott, peripatetic teacher of the deaf, working in the Western and Southern Areas of the County:—

PRE-SCHOOL CHILDREN

" During the last twelve months only one new case in this group has come under my regular care. This is a little boy with a comparatively minor loss; he appears to be progressing quite well since the issue of a hearing aid.

" Two of the pre-school children have been admitted to the Royal Cross School at Preston, the first being a profoundly deaf boy. The second is a girl who lost her hearing at four years through meningitis. Both these children have settled down well in their new environment.

" One of the four remaining in the pre-school group will, I feel, eventually have to go to a Residential School for the Deaf, his hearing loss being too severe for him to attend normal school. I am very hopeful that the remaining three children will be able to take advantage of the facilities offered in the normal educational system. Parent guidance and pre-school training has been carried out for all of these children either in the home or in County clinics.

" Great benefit has been obtained this year from the loan of two speech trainers from the National Deaf Children's Society, these machines having been given to the Society by the Variety Artistes' Federation. During the year twelve children under school age have been referred for assessment of their hearing, most of the children had unilateral losses or their hearing turned out to be within normal limits. One small boy, however, is proving somewhat difficult to assess, and he is still under observation.

1965.

Profoundly Deaf	1
Severely Deaf	1
Partially Hearing	2
	4

Pupils in Special Schools

" There are now fifteen children from West and South Cumberland in residential schools for the deaf and partially hearing outside the County. The increase of two from the previous year is accounted for by the boy and girl from the pre-school group.

" It was arranged to see all of these children during the annual Summer holiday.

" I was extremely fortunate this year in being able to visit two of the deaf schools and also the partially hearing school which children from Cumberland attend. The partially hearing school at Southport has extremely good premises and very extensive re-building programmes are under way at Newcastle and Preston. These programmes include new dormitory houses, re-equipped and purpose built classrooms, not to mention an indoor swimming bath.

" Whilst it has been fashionable in recent years to criticise residential deaf schools, particularly by people having marginal connections with education, I feel that there is still an extremely useful part to be played by these establishments. However, I must state that if it is at all possible the normal school and home environment is the most desirable for the impaired hearing child. In densely populated areas the ' Unit,' or special class attached to a normal school, is now deservedly popular, but these require a reasonably homogeneous group of children within daily travelling distance for the teacher to do justice to the pupils.

Children with Impaired Hearing in Normal Schools

" Currently thirty-eight children with hearing difficulties are under supervision in South and West Cumberland; two of the children are in a training centre; one is in Dovenby Hospital; the remainder being in local schools. Thirty-four of these children have the normal Medresco air conduction hearing aid; one girl has a Medresco bone conduction aid, whilst three are managing satisfactorily without aids. At the moment nine of the children issued with hearing aids are not wearing them and are not needing to. Seven of the nine have losses of no more than 20 db. in the better ear, the other two similarly have

losses about this mark, one dropping to 25 db. on one frequency, the other to 35 db. similarly on one frequency.

HEARING AIDS

"Twelve children have been issued with hearing aids during the last year. Of these, two have since left school, a further four have also left school and these six children have all found jobs locally. Two of the children previously under my care have moved to East Cumberland and are now under the supervision of Miss Cronie.

"A child issued with a hearing aid twelve months ago has now been confirmed as having no hearing loss and a further child will, I feel sure, eventually be found not to be suffering from a significant peripheral hearing loss.

"Routine testing has been carried out at approximately six-monthly intervals; the following table gives the average loss over the main speech frequencies in the better ear.

SOUTH AND WEST CUMBERLAND	
Up to 30 db.	18
30 to 40 db.	11
40 to 50 db.	6
50 to 60 db.	—
60 db.+	3
	38

"Speech audiometry using phonetically balanced word lists and a sound level meter to check the intensity is also used to verify the pure tone audiometry.

"Supervision has been carried out along the following lines:—

1. Supervision which includes getting the best use from the hearing aid. Favourable position in classroom for hearing and lip-reading, testing of hearing, speech loss, etc.
2. Remedial work for written and oral language and reading difficulties.
3. More specialised work which includes speech improvement, auditory training and lip reading."

Dr. Timperley writes from the Northern Area:—

"During this, the third year of audiometric testing in schools, greater coverage has been obtained, a total of 1,953 children having been tested by the audiometrician. As before, all entrants were routinely tested, the numbers of these being 1,179; of this latter number 172 (14.6%) appeared to have some loss and a small number of re-tests, shown in Table I, reflects only those due for re-testing by the end of the calendar year, 1965.

"In addition, 101 'specials' were tested (Table II). Again, no child was referred directly by a general practitioner, most cases arising from the School Medical Officer or Head Teachers' referral. I know, however, that because of the outcome of the teamwork of the School Medical Officer, Audiometrician, Teacher of the Deaf and Educational Psychologist on many cases, the value of the Service is increasingly apparent to colleagues in general practice.

"The number referred by teachers has dropped to a level more comparable with the other areas. This is by no means due to lack of co-operation on the part of the schools, with whom relations continue to be excellent, and is probably mainly due to the increasing coverage and follow-up given during the year.

"A sample survey of 1955 age group was undertaken in conjunction with the routine school medical inspection at this age. A total of 273 children were tested of which nineteen were found to be defective—a similar proportion as for the entrants. These numbers are, of course, too small to warrant any firm conclusion at this stage.

"During the year many schools had outbreaks of measles and/or mumps (Table IV — these figures are not separated) and the children tested were all recently recovered from an illness. The figures so far available do not indicate a significant degree of hearing impairment in these children persisting for any length of time.

"All children considered to be retarded sufficiently to warrant a 2 H.P. examination must have had a recent audiometric test. The importance of this is shown by the fact that during the year two children were found to have defective

hearing, one to a minor extent but the second had had normal audiograms at five years when his hearing was suspected to be a cause of his backwardness, and again a normal routine screening test in school two years ago. Since then there has been a marked and unsuspected loss which, in combination with a below-average ability, has proved a definite handicap to the child. He is in process of receiving specialist treatment and is being followed up by Miss Cronie prior to re-testing by the Educational Psychologist.

" The latter has also been furnishing the names of all children brought to his notice with I.Q's. in the 80-90 range and these children are being re-screened and also having vision testing. These results are not yet to hand but so far no significant defects have been found.

" The overall picture would appear to be one of rapidly increasing coverage of the school population, together with increasingly close co-operation between Ear, Nose and Throat Specialist, Audiometrician, Teacher of the Deaf and School Medical Officer."

The following report on her work by Miss Cronie, Peripatetic Teacher of the Deaf in the Northern Area, completes the account of the Audiology Services for 1965:—

Pre-School Children

" Of nine children under observation at the beginning of the year, eight have now passed screen tests of hearing. One boy, aged three years, with an additional handicap, was found to have a significant loss of hearing and is currently under the care of an ear specialist. His vocabulary is limited to single words and a few phrases but is developing slowly.

" A considerable number of pre-school children were referred by health visitors after unsatisfactory results to re-tests at screening levels of sound. It is interesting to note that of forty-eight children referred, twenty had speech difficulties. In these cases, parents were advised on the importance of their rôle in fostering and encouraging good speech habits and vocabulary growth. In many instances there was very little conversation for the children to listen to in the home. In rural areas, especially, where there were no older children to copy or learn

from, I found three-year-olds with very limited vocabulary. Health visitors are doing very good work in advising parents on the importance of stimulation in the development of speech in young children. Thirty-seven of these children have since been screened, six are under observation and five have significant losses.

" Three children who had slight losses in my last report have been found to respond to minimal levels of sound after medical or surgical treatment.

" A partially hearing girl who was under supervision in this group has now started school, where she is making very satisfactory progress.

" Parent guidance and auditory training have been carried out in the homes of all pre-school children and there has been marked progress in interest in sounds and development of vocalisation and speech in four of these children. The remaining two children have only recently come under my care and it is to be hoped that they will progress in the same way. It is worthy of mention that fathers have played almost as great a part as mothers with these young children and there has been excellent co-operation in the homes. Neighbours and relations as well as members of the family have joined in helping these hearing-handicapped youngsters to acquire an aural and oral interest in their environment.

Three children have Medresco hearing aids at present and two of them have the full-time use of speech trainer hearing aids.

Pre-school group:

Profoundly deaf	2
Severely deaf	1
Partially hearing	3
	6

PUPILS IN SPECIAL SCHOOLS

" There are seven children in residential special schools outside the County.

" One girl left The Royal Deaf School, Manchester, at Easter and, after training as a punch-card operator at Newcastle,

is employed locally. She has adjusted very quickly and has integrated well into the normal hearing society in which she lives and works, taking an active part in social activities.

" One boy was found to be severely hard of hearing on entry to school in January. It was finally decided that his hearing loss and lack of vocabulary were such that he had little chance of progressing in the normal school and he was admitted to the Liverpool School for the Partially Deaf at Southport in September.

" An outstanding feature of this year was the visits by Mr. Abbott and myself to the special schools at Newcastle, Preston and Southport to which Cumberland children have been admitted. We were warmly welcomed by headmasters and staff and had opportunities to see the children, their class teachers and their schools and to discuss many points of interest.

" All children were also seen during the summer holidays.

CHILDREN WITH IMPAIRED HEARING IN NORMAL SCHOOLS

" Thirty-four are currently under supervision in this area. Twenty-three have Medresco monaural aids and eleven are under observation. Most of them appear to be coping adequately at present but careful checks are kept on their progress in class and on their hearing.

" One girl and one boy have been transferred from the West and the boy has since left school. One girl has transferred to Singapore and one boy to Carlisle.

" Six school children have been provided with hearing aids this year. Four of them are being used full-time, one is worn in class only and one is not in use at present as the boy's hearing in his better ear has reverted to within normal limits.

" Co-operation in schools and homes has been good, although some parents find it rather difficult to appreciate the social handicap that a hearing loss entails and how much they can do to help their children overcome the problem.

" Audiometric tests of these children have been given at six-monthly intervals and the following table shows the average loss over the main speech frequencies in the better ear:—

Up to 30 decibels	9
30 to 40 decibels	11
40 to 50 decibels	6
50 to 60 decibels	6
Over 60 decibels	2
	34

" Guidance has been given, particularly with parents of new aid-wearers, at clinics and in homes, on use and care of hearing aids, hints on lip-reading and, in schools, on favourable positions in class for listening and watching. Speech improvement and auditory training sessions have been given where necessary and six children have weekly periods of remedial teaching in reading, language, arithmetic and general knowledge."

TABLE I

ENTRANT GROUPS

Area	Year of Birth 1960	1959	1958	Total	No. with apparent loss	No. of re-tests	No. requiring investigation
North ...	663	414	102	1179	172 (14.6%)	90	38 (3.2%)
West ...	677	653	268	1598	188 (11.8%)	197	87 (5.7%)
South ...	1047	566	45	1658	206 (12.4%)	273	73 (4.4%)

TABLE II

SPECIAL CASES REFERRED

Referred for testing by:	North	West	South	Totals
School Medical Officer	51 ...	89 ...	64 ...	204
Family Doctor	— ...	— ...	7 ...	7
Head Teacher	49 ...	22 ...	32 ...	103
Parent	— ...	20 ...	5 ...	25
Speech Therapist	1 ...	— ...	3 ...	4
Teacher of Deaf	— ...	1 ...	— ...	1
	101 ...	132 ...	111 ...	344

TABLE III

Disposal of cases Discovered:	Routine			Special			Totals		
	North	West	South	North	West	South	North	West	South
For observation	44	35	49	33	8	20	77	43	69
Referred to School Medical Officer	5	43	15	6	5	8	11	48	23
Referred to General Practitioner	1	—	1	1	1	2	2	1	3
Referred to Otologist	15	19	4	34	6	5	49	25	9
	65	97	69	74	20	35	139	117	104

TABLE IV

NUMBER OF CHILDREN TESTED AFTER MEASLES OR MUMPS (NORTHERN AREA)

	Born 1960	1959	1958	1957	1956	1955	1954	1953
No. found normal	19	82	60	54	29	19	21	3
No. found defective	1	7	2	4	—	2	2	—

Total number of normal results ... 287

Total number of defective results ... 18

Visual Defects

The regular screening of children's vision is one of those services which it is difficult to envisage any other agency efficiently carrying out apart from the School Health Service. Until now this screening has taken place at four points in each child's school life, but it is envisaged that this frequency will increase in association with selective medical examinations. 1,750 children were supplied with glasses in 1965 as a result of testing in schools, though the problem does not end there. It is helpful if glasses, when prescribed and supplied, are worn! The great majority are, of course, but teachers and school nurses and doctors alike share a real concern as to those children who resist wearing necessary spectacles and who often do not receive any encouragement at home. Discussion of this point arose at recent meetings with head teachers and ways and means of informing the latter more closely on those children " at risk " here, are being explored.

The numbers of children tested, and those referred for treatment or observation are shown below; figures as near comparable as possible for the past three years are also shown, remembering that the pattern is changing, as is mentioned above.

	Total No. tested	Referred for treatment	Referred for observation
1965 ...	13,096	473	2,400
1964 ...	13,933	615	2,443
1963 ...	12,452	856	2,245

Since my last report in which a new vision screening apparatus was mentioned, this Keystone Vision Screener has been brought into use in a pilot scheme in the Northern Area. So far 224 children have been examined by this apparatus used by the audiometrician, now to be designated " Screening Assistant." The first impression is that by the present criteria laid down by the manufacturers, a rather large number of apparently unnecessary referrals to refraction are resulting. The standards appear to be higher than might seem necessary but, no doubt, adjustments in the referral rates for refraction or merely observation will settle out of the examinations in due course.

Orthoptic Services

The following table shows details of the cases treated during the year:—

Total number of attendances in 1965	1406
Number of new cases seen	302
Number of new cases registered for treatment	257
Number of cases receiving treatment on 31st December, 1965	254

Treatment during year of new cases:

Partially accommodative squint	45
Partially accommodative squint with amblyopia	25
Fully accommodative squint	17
Convergence excess	15
Tonic convergent squint	21
Tonic convergent squint with amblyopia ...	41
Convergent squint secondary to congenital myopia	—
Esophoria	20
Fixation disparity	15
Amblyopia	11
Constant divergent squint	6
Divergence excess	7
Convergence weakness	9
Consecutive divergence	7
Exophoria	12
Convergence insufficiency	2
Vertical muscle palsy	4
	257

Discharges during the year:

Cured	51
Cosmetic	53
Improved	29
Failed to attend	30
Left district	11
	174

Mrs. Richardson and Mrs. Scott, part-time orthoptists, make the following joint comments on their work during the year:—

"Orthoptic work has continued along the same lines as last year with the following addition: Mrs. Scott rejoined the staff to do two sessions per week as from September. This permitted the re-opening of the clinic at Penrith, and pressure on the Carlisle Clinic was then relieved. The opening of the Orthoptic clinic at Penrith has been very much appreciated by the parents of patients living in the area.

"There are still very many patients living in the South and South West who cannot obtain orthoptic treatment owing to the distance to the nearest clinic, and this situation will not be relieved until it is possible to re-open the Workington and Whitehaven clinics and, possibly, introduce more clinics at places such as Wigton, Cockermouth and Keswick. This, of course, cannot be done until more orthoptic time is available.

"A lot of time is taken with treating amblyopia ('lazy eyes') by occlusion. This would not be so necessary if parents would bring their children to the clinic when they first suspect a squint to be present instead of waiting until school age is reached. Many parents are not aware that it is imperative to check even a suspected squint and not to leave it in the hope that it will get better by itself. During 1965 a trial was made of an orthoptist being present at Child Welfare Clinics to talk to mothers on this subject. Although the mothers appeared quite interested this method did not prove to be very successful as only a small percentage of parents were contacted during the limited time the orthoptist was able to devote to this project. It has been suggested that a better method of informing parents of the presence of orthoptic clinics and the importance of early diagnosis and treatment would be to produce a small leaflet on the subject which could be made available at the clinics, or even distributed by health visitors in the rural areas.

"Treatment has been most successfully carried out in several types of cases. Pre- and post-operative treatment to improve the chances of binocularity being obtained, cases of convergence weakness and also fully accommodative squints, i.e., those cases where glasses correct the squint but the squint

is still present without them. In these cases the parent can be taught to know when the child is squinting and how to control it without glasses. It gives great confidence to children, especially the older ones, to know that they can remove their glasses and yet not show that they have a squint."

Orthopaedic and Postural Conditions

The table below shows the number of cases receiving the services of the orthopaedic clinics and the distributions of conditions treated.

Number of cases on aftercare register, 1.1.65 ...	1,275
New cases during 1965	110
Cases referred for orthopaedic physiotherapist only	141
Cases re-notified after previous discharge ...	7
Cases attaining school age after having been referred originally from child welfare clinic	101
Number removed from register	340
Number on register at 31.12.65	1,294
Attendances at surgeons' clinics	474
Attendances at physiotherapists' clinics ...	2,434
Home visits by orthopaedic physiotherapists ...	366
Plasters applied	64
Surgical boots and appliances supplied and renewed (including insoles)...	479
X-ray examinations during 1965	55
Conditions treated at Orthopaedic Clinics:	
Flat feet	474
Bow legs and knock knees	333
Poliomyelitis	34
Scoliosis, lordosis and kyphosis	18
Congenital defects (including talipes and pes cavus)	103
Congenital dislocation of the hip	19
Torticollis	10
Injuries (including fractures)	9
Cerebral palsy	69
Postural defects	50
Hallux valgus and deformed toes	33
Disc	—
Birth injuries (Erbs)	10

Osteomyelitis	1
Perthe's disease and coxa vara...	14
Arthritis	—
Spina Bifida	6
Synovitis and rheumatism	2
Schlatter's disease	3
Muscular dystrophy	2
T.B. joints	2
Paraplegia	2
Other conditions	100
	1,294

Miss Morris, orthopaedic physiotherapist, has contributed the following comments on the service during 1965:—

" Work in the county orthopaedic clinics has continued very much on the same lines as in other years.

" Many children referred for mild foot defects due to faulty posture, gait and unsuitable footwear, chiefly require to be taught to walk and stand correctly and to wear the right type of shoes. However, even when the children and their parents have been educated in what to look for in choosing shoes, they often experience genuine difficulty in obtaining a good type of walking shoe, particularly in the case of the older girl.

" Many overweight children are sent to the clinics for treatment of knock knees and flat feet nowadays, but until weight is reduced not much improvement can be expected. Co-operation of the parents and a real effort of self control by the child is encouraged in reducing and changing the child's diet.

" Work with the milder type of cerebral palsy and those affecting one side only can be very rewarding, and good results obtained in improved walking and use of the paralysed arm and leg. With the severely spastic cases, however, a great deal of support and advice and encouragement is needed from the physiotherapist for the parents. This entails advice in carrying out exercises and stretchings and, generally, having the patience to let the handicapped children struggle to attempt to do things for themselves which the parents could do in a quarter of the

time or less — such as feeding, putting on a sock, doing up buttons, or even a simpler job than these. When the child is mentally as well as physically handicapped it is far more difficult for the parents to accept and understand the disability and more patience still is needed in rehabilitation.

" In all types of orthopaedic conditions—congenital defects, paralyses or postural cases—the county orthopaedic clinics provide a much less disturbing atmosphere for the child to be reviewed by the surgeon, or have plasters or splints applied, than by attending at a hospital out-patients department, where usually much longer time is spent waiting than at a county clinic where efforts are made to create an easy and relaxed environment."

Speech Therapy

Speech therapy was in 1965 available at nine centres in the County and visits are made to schools as the very limited time of the therapists in post will allow.

Miss E. B. Moon, working five sessions each week, undertook clinics at Penrith and Cockermouth and took over the clinic at Cockermouth on the resignation of Mrs. M. V. Aitchison towards the end of the year. Mrs. S. Latimer continued during the year on the basis of two sessions each week.

Due to the small numbers attending it was no longer considered practical for the speech therapy clinic at Millom to be continued and, for the time being, children from this area now attend the Whitehaven clinic.

The following tables show details of cases treated and attendances during the year:—

	Northern Area	Western Area	Southern Area	Total
On register 1.1.65	124	93	84	301
Admitted	85	115	44	244
Discharged	62	69	41	172
On register 31.12.65... ...	147	139	87	373
Particulars of cases discharged:—				
Normal	29	33	11	73
Improved, unlikely to benefit further	15	17	12	44
Lack of co-operation ...	4	17	13	34
Left school and/or district ...	13	2	5	20

Passed to teacher of deaf ...	1	—	—	1
Referred to child guidance ...	—	—	—	—
	62	69	41	172
Waiting list	16	5	9	30
Cases treated:—				
Stammer and dispraxia ...	—	2	—	2
Dyslalia	51	65	32	148
Stammer	71	65	54	190
Stammer and dyslalia ...	18	11	4	33
Sigmatism	—	8	—	8
Cleft palate	15	8	7	30
Hard of hearing	—	—	—	—
Dysarthria	1	3	—	4
Dysphonia	—	—	—	—
Dysphasia	—	—	1	1
Retarded speech development	36	24	18	78
Dyslalia and dysphonia ...	—	—	—	—
Dyslalia plus low intelligence	3	1	—	4
Lateral sigmatism	6	12	2	20
Dyspraxia	7	9	8	24
Submucous cleft	—	—	1	1
Hyponasality	1	—	—	1
Hypernasality	—	—	1	1
Stammer and dysphonia ...	—	—	—	—
Stammer and dysarthria ...	—	—	—	—
	209	208	128	545

Attendances:—

Northern Area:

Allhallows School	9
Aspatria Clinic	83
Carlisle Clinic	527
Penrith Clinic	481
Wigton Clinic	76
Wigton Infants' School	64

Western Area:

Cockermouth Clinic	287
Keswick Clinic	155
Maryport Clinic	171
Workington Clinic	426

Southern Area:

Millom Clinic	18
Whitehaven Clinic	523
	2,820

I am very glad this year to have a report on her work from Mrs. S. Latimer, one of the part-time speech therapists, whose contribution to the service is proving so important:—

" Holding two clinics a week in Carlisle I saw forty children during 1965, twenty-six being new cases. Most of the children attended the clinic each week, whilst three were review cases attending once a term to check on progress. I saw a group of three pre-school children every week. They were all lonely children, living in isolated country districts, where they have no opportunity for play and communication with children of their own age.

" I have found that during 1965 children with speech defects were being referred to the speech therapist at a much earlier age than in the past. Seven of the twenty-six new cases I saw were pre-school children whose speech difficulty had been noticed either by the teacher of the deaf or the health visitor. Fewer cleft palate cases are needing the help of the speech therapist owing to the increased skill of the surgeon.

" My cases have been for the most part children with retarded speech development (13) and dyslalia (12). I treated six children with stammers and three with the dual handicap of stammer and articulation defect. Two boys in the same family suffering from gross disorders of articulation, two dysprexic brothers, attend regularly together. Two children with cleft palates were undergoing treatment and two children who produced an ' s ' sound laterally.

" So it is that my work can be to help a child to improve his speech where the layman may hear no fault at all or, at the other extreme, to try to help a child whose powers of communication are greatly impaired by abnormal speech and where this is proving a handicap in school work and social contacts."

It is three years since the establishment of three full-time therapists was attained and the service has been kept going with the employment of speech therapists in a part-time capacity; at the end of the year the full-time equivalent in post was 1.7.

None of the hospitals in the County has a speech therapist and requests to the Authority to second someone for hospital service have had to be deferred.

Repeated advertising over the years has been unsuccessful and the County decided to offer a scholarship to a suitable girl with the necessary educational qualifications, the trainee appointed to serve on the staff of the County Council for a period of at least two years.

Although details of the scholarship scheme have been widely circulated to secondary and grammar schools throughout the County, and speech therapists have visited schools and spoken to a number of interested pupils, no formal application has been received. It is hoped, however, that girls who were interested, but at present were too young, would come forward later. At the time of writing one girl from West Cumberland is expressing serious interest in taking up the scholarship in 1967.

Child Guidance

The basic pattern of child guidance services has not altered during 1965. The total case loads are increased to some extent on 1964 (584 cases compared with 513). There was an increase of the same order the previous year and, in fact, there has been a definite gradient over the past five years in the total number of cases on the register during each year. I show below how this trend has gone and also the interesting fact that the total number of new referrals each year has been in the opposite direction. This would seem to indicate that while there are not increased numbers of children requiring the service coming to light, those under treatment are, on average, remaining under the care of the clinics for longer periods. This interesting trend is only clearly seen in West Cumberland—in East Cumberland there has been a trend towards a slight increase of new cases, with no marked trend in total cases on the register apart from an upswing in 1965, the year under special consideration at the moment.

The total attendances in 1965 at the child psychiatric clinic conducted by Dr. Drummond at West Cumberland Hospital was sixty-nine, compared with forty-six for the previous year. This hospital clinic, and the child guidance clinic conducted within the School Health Service, seem to function very successfully as complementary to one another.

I expressed satisfaction last year at the prospects of the appointment of a child psychiatrist in the Special Area, but hopes of an early appointment have been rather dimmed and it may be that we shall have to await this very desirable development for a little while yet.

I am very glad to report the strengthening of the child guidance service by the appointment of a third educational psychologist at the time of writing this report. The services to child guidance of this additional professional member of the team in West Cumberland will be most valuable and will take effect in the summer of 1966.

Mr. K. G. Hare, the educational psychologist, who serves all of the West Cumberland child guidance clinics at present (except Maryport which, with East Cumberland, is served by Dr. Blair Hood), has contributed the following very interesting commentary on the service in West Cumberland.

" One of the most interesting features of child guidance work in West Cumberland in recent years has been its unselected specificity. In 1962-63 we dealt increasingly with the emotional problems of adopted children. Throughout that year we were constantly consulted by all referring agencies for help with the adopted child and its adoptive parents. Our concern and alarm throughout that period, however, abated as 1963-64 proceeded, and the referrals regarding adopted children fell off, to be replaced by other problems.

" During the year under review, however, we have had to deal increasingly with the bereaved child. The types of situations involving bereavement and children have ranged from a girl of 12, whose father had a heart attack and died whilst he was sitting on the sofa with his children watching the television, to the little boy who woke up one morning to find his grandmother dead beside him.

" In many of these cases the child has often suffered several bereavements. One boy had a cousin of 18 who left him and died within the hour. Later on he also had a friend of his own age whose head was struck by a passing train whilst he had it outside the carriage in which he was travelling.

" These children were referred to the child guidance team for a variety of reasons. The girl of 12, previously mentioned,

had episodes of collapsing. (The same child, whilst out with her younger sister, saw her struck by a car and rendered unconscious for several days—in a sense a form of bereavement).

" One boy was frankly hysterical with a variety of well rehearsed symptoms. In the main the symptomatology of these children has been of a withdrawal nature and ranged on a continuum from ' illness ' and staying in bed to unconsciousness and collapse.

" So far tranquilising medicines and psychotherapy have proved efficacious.

" Obviously the team has also dealt with the range of traditional problems of childhood, with ubiquitous enuresis predominant.

" For the future this guidance team would like to see a fresh consideration given to a child guidance hostel for maladjusted children and the evolution of parental guidance groups. We realise, of course, that these developments depend on an increase in both manpower and resources, of which both are in short supply."

Dr. Ainsworth, School Medical Officer in the Western Area, has also made the following interesting contribution on the occurrence of some psychological problems as seen by the School Medical Officer.

" During this last year I have been struck forcibly that psychological problems seem to be more evident. One wonders whether it is with physical defects being less numerous with earlier detection and treatment, that we are having time to find and deal with more psychological problems.

" The school staffs are an invaluable help in the detection of these problems and this occurs often at an early stage while they are amenable to treatment. They readily bring these psychological problems forward and I have been most interested to see the interest they have in the children in their care and they very often are a great help with the family background which they often know so much about. One feels the school medical officer is in a unique position to help and give guidance to the teacher who is handling a disturbed child, e.g., an enuretic child with a psychological etiology or a mentally handicapped child with behaviour problems.

There are many children with many interesting problems that I have dealt with during this last year, but one can only mention but a few:—

'Case 1. A Headmaster contacted me because he was worried about an 8-year-old boy in February, 1965, who had been having up to five attacks of petit mal daily for the past few months. He was also having behaviour difficulties, e.g., tempers, throwing things and himself about and disturbing the school. This boy was taking phenobarbitone and I wondered whether the behaviour problems were due to educational subnormality, epilepsy, phenobarbitone, or a problem home. Following this, a mental ascertainment was carried out and his I.Q. was within the dull normal range. The boy improved after seeing the paediatrician but relapsed again, and in October, 1965, he was admitted for three months to the West Cumberland Hospital under Dr. Drummond, Consultant Psychiatrist, and Dr. Platt, Consultant Paediatrician. The child improved while in hospital —the epilepsy became almost controlled, his behaviour settled down, and his reading and writing improved, since these particularly gave him difficulty prior to admission. He returned to his ordinary junior school in January, 1966, and he maintained the improvement for one week. Since then the headmaster has reported occasional outbursts of aggressiveness and four fits (two at school and two more after being sent home). He has again seen the Consultant Paediatrician and we will await further developments. It is interesting to note that the head teacher wonders if this child receives his tablets regularly as mother is often in bed until midday and his old great-grandmother, who looks hardly fit to be worried with children, is the only reliable person who cares for the home.'

'Case 2. Another problem was a boy at another junior school. During a visit for an immunisation session at the school this boy continually, during afternoon break, made a nuisance of himself. He would push open the door and run away, come to the window and be a nuisance and be rude. Following this, I asked the headmaster about this boy and found he was a 'naughty boy' in school, but that he came from a difficult home background. I referred the boy to child guidance. His I.Q. was found to be within average limits, but now he has been involved with the police after stealing and doing wilful

damage. One wonders if this boy had been referred at the beginning of his deviation from normal behaviour could this have been prevented. However, we still hope to help in recommending that he should go to a residential school for the maladjusted child.'

' Case 3. A further problem has arisen from this same home. A younger brother, who is under the care of the Consultant Paediatrician, was admitted to normal infants' school. He was being extremely difficult to manage in school—anti-social and requiring constant attention with very bad speech. The mother was aggressive towards the school and towards the child being examined by the School Medical Service. However, this 5-year-old has now been assessed and found to be functioning at a mental age of no more than $2\frac{1}{2}$ years. Surprisingly enough, mother is now agreeable to the child being recommended for the Junior Training Centre.'

" Apart from behaviour problems and mentally retarded children, specific writing disability associated with normal intelligence has been brought forward and referred for advice. Also a case of mirror writing which is being investigated by the Educational Psychologist.

" Another interesting case was a girl at a secondary modern school who had a job in Woolworth's on a Saturday and she was stealing money at school. The headmistress was worried as this had happened previously on two occasions and she asked for help. This girl was referred to Child Guidance and the problem resolved itself when it was discovered she felt inferior because of an elder child in the family who had passed for the grammar school and she had not.

" These many problems make the School Health Service so interesting and the work worthwhile, and we all know that the future holds more scope for this work because there will be more physically and mentally handicapped children surviving to school age with the improved standard of living and medical progress."

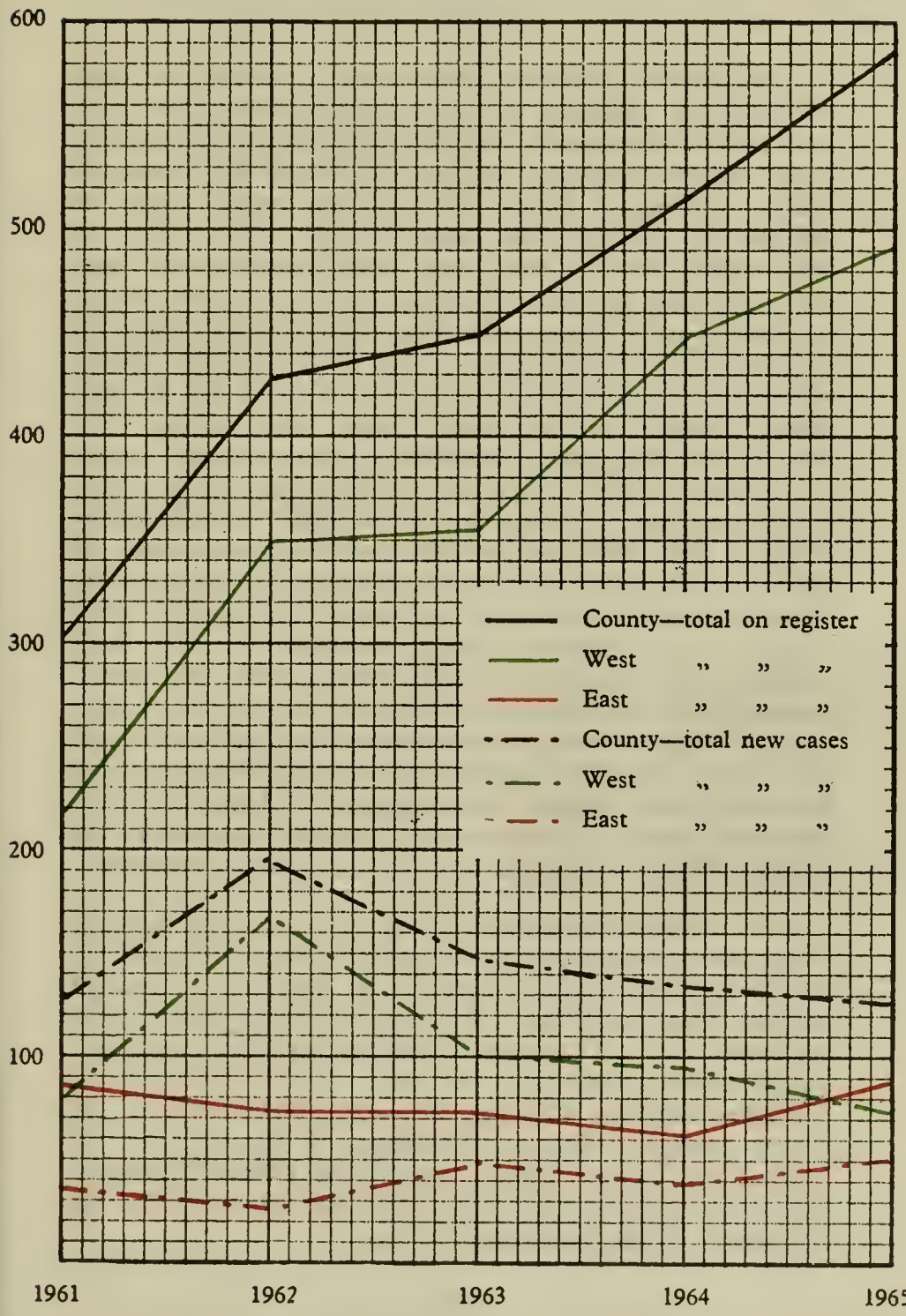
CHILD GUIDANCE CENTRES—STATISTICAL RETURN FOR THE YEAR ENDED 31.12.65

STAFF:	Carlisle:	Maryport:	Whitehaven:	Millom:	
Psychiatrist	Dr. Stuart	Dr. Ferguson	Dr. Ferguson	Dr. Ferguson	Total
Educational Psychologist	Dr. H. Blair Hood	Dr. H. Blair Hood	Mr. K. G. Hare	Mr. K. G. Hare	
Psychiatric Social Worker	Miss E. A. Welch	Miss E. F. Hall	Mr. A. F. H. Barlee	Mr. A. F. H. Barlee	
Cases remaining on register at 1st January, 1965	40	10	373	34	457
New cases referred during year by:—					
Consultants or General Practitioners	25	3	6	—	34
School Medical Officers	17	8	46	—	71
Children's Officers	2	—	1	—	3
Parents	—	—	—	—	—
Schools	1	—	—	—	1
Probation Officers or Courts	2	2	—	1	5
Others	—	—	2	—	2
Cases re-opened during year	4	—	7	—	11
Total cases on register during year	91	23	435	35	584
Cases dealt with and closed	42	12	16	4	74
Cases remaining under treatment on 31.12.65	49	11	419	31	510
Cases awaiting treatment on 31.12.65	—	—	—	—	—
	91	23	435	35	584
Interviews by Psychiatrists	299	63	260	45	667
Interviews by Social Workers	48	28	47	—	123
Interviews by Educational Psychologists	54	101	337	37	529

CHILD GUIDANCE REGISTER, 1961-1965

		1961	1962	1963	1964	1965
Total on Register during year.	East	84	74	74	64	91
	West	223	351	375	449	493
	Total	307	425	449	513	584
Total new cases during year.	East	37	28	47	38	51
	West	80	167	101	99	76
	Total	117	195	148	137	127

CHILD GUIDANCE REGISTER, 1961-1965



HANDICAPPED PUPILS

Considerable attention continues to be focused on both extremities of childhood as far as handicapped children are concerned. Developmental studies from infancy have received further impetus nationally during the year and the Society of Medical Officers of Health has produced helpful charts to facilitate the developmental follow up by medical officers in child welfare clinics. Clearly such follow up at an early stage effects the more accurate pinpointing of the less gross defects and handicaps well before school age. At a one-day conference for medical officers to be held in April, 1966, the whole subject will receive full consideration as to how this work can be more widely developed in the County's child welfare clinics. The same subject will figure prominently in the residential course for Assistant Medical Officers to be held in the autumn. It is a further step from the keeping of "At Risk" registers establishing a firm framework for the continuing supervision of children at risk. In each area of the County an Assistant Medical Officer has been trained in the more advanced and detailed techniques of developmental testing, developed by Dr. Ruth Griffiths. In many cases the help of one of the educational psychologists is valuable at this early stage, although as taught by Dr. Griffiths, herself a psychologist, the testing she has pioneered is primarily a procedure for medical officers viewing the whole child's progress in development. I have already referred last year in my report to the linking in one area of the medical officers so trained, with the consultant paediatrician.

At school leaving stage planned preparation for a secure employment situation is a most important aspect of the care of the handicapped child, and this is the more true in an area such as West Cumberland where the employment situation is not always easy. In one area of the County where two handicapped leavers conferences were held in July and December, 1965, the following attended:—the Area Medical Officer, the School Medical Officers, the Educational Psychologist, the Senior Social Welfare Officer, Area Nursing Officer, Teacher of the Deaf, a representative of the Diocesan Association for the Deaf and a Youth Employment Officer.

Cases considered were as follows:—

Deaf and Partially Hearing	2
Blind and Partially Sighted ...	4
Epileptic	4
Diabetic	4
Physically Handicapped	12
Educationally Subnormal	27
	53

All the officers meeting at these conferences had no doubt about their value and already it is clear that an additional bonus is the opportunity to review old cases, to consider their progress and to learn lessons by hindsight for future reference.

A few of these cases discussed are mentioned below under particular headings.

I comment briefly now on aspects of the care of certain handicapped groups which have been of particular interest and importance during the year.

Blind and Partially Sighted Pupils

There are seven blind and twenty-seven partially sighted pupils registered. All of the blind children are, of course, in special residential schools — a must for this group. Of the partially sighted children, however, only three are at special schools. One of the partially sighted group who would normally leave school at Easter, 1966, has been recommended for training in one of the Royal National Institute for the Blind training centres, and it is hoped that she will commence there in September, 1966. This decision emerged clearly in discussions at leaver conferences; and as I indicated last year, all partially sighted children are considered at least two years before the expected leaving term.

Deaf and Partially Hearing Pupils

Twenty-one of these children are in special schools and their progress is closely watched by the County teachers of the deaf. Miss Cronie indicates in her report on page 40 the value which she and Mr. Abbott found in visiting in 1965 three of

the special schools outside the County which are attended by Cumberland children—such direct liaison I regard as ideal.

Various attempts have been made in the Health and Welfare Department at present to aid the establishment of Hard of Hearing Clubs for those in need of this provision, and I am hoping that hearing impaired children who have themselves learned so much of value about communications in ordinary or special schools, will be able to contribute very significantly to these clubs which, in themselves, are likely to cater more for elderly people. This is but one aspect of community service by young people and should carry a great satisfaction for handicapped young people.

Physically Handicapped Pupils

Physically handicapped children have also figured largely in consideration of school leaving prospects. One of the boys mentioned in my report last year who has complete paralysis of the lower limbs, is hoping to determine very soon which university he will be able to attend as from October, 1966. The University Health Services contacted on his behalf by the headmaster of the school and the Area Medical Officer, have responded very helpfully to his challenge. We are all most hopeful that his university career will prove successful. It seems doubtful now whether academically the other boy who suffers from a similar condition will, in fact, be a university candidate.

Within the group of spastic children, details of whom are again provided on page 64, one interesting case which provoked considerable discussion at leaver conferences, has finally settled for a one-year course at the Spastics Society's Further Education Centre at Dene Park, Tonbridge, commencing October, 1966. This, combined with the reference I made last year to the residential sheltered workshop in Newcastle, associated with the Percy Hedley Centre, illustrates the complete spectrum of need of such children. Some can manage in open industry, others require sheltered workshop, others such as the girl above a further period of specialised education and training before a decision can be made; and, of course, there is always the group which is so severely handicapped that long-term residential accommodation has to be envisaged. Special provision is being made by the local health authority in Cumberland in

the form of the residential home for younger handicapped people to be built in Maryport.

I am grateful to Dr. Campbell, Assistant School Medical Officer, for the following report on one boy whose case has obviously engaged a great deal of her attention over some time.

" It becomes more and more evident that the present trend of keeping the handicapped child at home within the family and at normal school where possible is the right approach to the problem. Even when the home background is not entirely satisfactory this course may be a success.

" There is the case of a boy with congenital defects of his spine and feet and a congenital dislocation of his hip.

" He spent from the age of six until twelve in hospitals, attending the hospital schools while he was an in-patient. He was operated on at the age of ten years to relieve his spine and feet defects but it was not possible to operate on his dislocated hip. At twelve years old he was discharged from hospital wearing calipers and using crutches and was able to get about on his crutches for a very limited distance. His schooling problem now became acute. His home conditions are not very satisfactory. His mother, though fond of him, is 'feckless,' and the home itself is far from clean.

" With the aid of the headmaster he was admitted to the local secondary modern school, where it was arranged that he should have lessons on the ground floor to avoid any effort at trying to climb up and down stairs, which effort was beyond his capabilities at that time. He was supplied with an invalid chair and special transport to and from school was arranged for him.

" He has now been at the secondary modern school for two years. The headmaster reports that his school attendances have been very regular. In spite of his crutches and calipers he manages to get up and down stairs. He never uses the invalid chair provided for him and the school staff have difficulty in keeping him away from the football field! The other boys are aware of his difficulties and help him when necessary. He is staying on at school for an extra year to learn typing. By the time he finishes it is hoped that the centre for young handicapped adults will be completed where he can have sheltered employment.

" Through the help of the headmaster and his staff and the boy's fellow schoolboys, he has succeeded in having a happy school life, encouraged in his independence by the fact that he has been able to attend a normal school amongst normal boys."

Linking the group of physically handicapped and educationally subnormal was the case of another girl from the same school as the above who suffers from these dual handicaps and is under specialist treatment for her physical condition, which may completely alter her employability position in future years. Such a case clearly requires long term careful follow up through the authority's staff, with the girl's general practitioner and with the youth employment and disablement resettlement officers of the Ministry of Labour.

Children suffering from Cerebral Palsy

The numbers in this category at 31st December, 1965, are as follows:—

Number of spastic children of school age—	
North Cumberland	20
South Cumberland	23
West Cumberland	23
Total ...	66

These may be divided into those:—

(*a*) Attending ordinary school	48
(*b*) Attending Percy Hedley School for Spastics, Newcastle	4
(*c*) At Residential Schools for the Physically Handicapped	4
(*d*) At Residential Schools for the Educationally Subnormal	2
(*e*) Attending Training Centre	2
(*f*) At Dovenby Hospital	2
(*g*) At Prudhoe Hospital	—
(*h*) Having home tuition	—
(*i*) Not attending school, not having home tuition...	4*

*Two children attend Training Centre one day per week as " Special Care " cases.

In addition:—

Number of children under school age but within the scope of the Education Act, 1944 (i.e., 2-5 years) who are known spastics—

North Cumberland	3
South Cumberland	10
West Cumberland	9
Total ...	22

Table Showing Handicapped Children in Special Schools

BLIND	Boys	Girls
Royal Victoria School for the Blind, Newcastle ...	4	—
Chorleywood College for the Blind, Hertfordshire	—	2
Royal Normal College, Shrewsbury	—	1
Total ...	4	3
PARTIALLY SIGHTED		
Exhall Grange School, Warwickshire	—	1
Preston School for Partially Sighted	1	1
Total ...	1	2
DEAF		
Northern Counties School for the Deaf, Newcastle	3	1
St. John's, Boston Spa	—	2
Royal Cross School for the Deaf, Preston ...	2	5
Royal Residential School for the Deaf, Manchester	—	1
Total ...	5	9
PARTIALLY HEARING		
Liverpool School for the Partially Deaf, Southport	1	3
Northern Counties School for the Deaf, Newcastle	1	—
St. John's, Boston Spa	—	1
Royal Cross School for the Deaf, Preston ...	—	1
Total ...	2	5

EDUCATIONALLY SUBNORMAL

	Boys	Girls
Ingwell School, Moor Row	49	—
Higham School, Bassenthwaite Lake	—	32
York Day School, Carlisle...	1	—
Eden Grove School, Bolton, Appleby	1	—
Total ...	51	32

EPILEPTIC

Colthurst House School for Epileptics, Warford, Cheshire	2	—
Maghull Home for Epileptics, Liverpool	1	—
Total ...	3	—

PHYSICALLY HANDICAPPED

Percy Hedley School for Spastic Children, Newcastle	2	3
Irton Hall School, Holmrook	4	2
Singleton Hall School, Nr. Blackpool	1	—
Margaret Barclay School, Moberley, Cheshire ...	—	1
Hurst Lea School for Crippled Boys, Kingsgate, Kent	1	—
Total ...	8	6

MALADJUSTED

Holly House Hostel, Chesterfield	—	1
Total ...	—	1

Educationally Subnormal Pupils

The data on these pupils is again shown on page 68 indicating the numbers referred and examined, and the recommendations which have been made. One of the most interesting

features of the present trend in figures here is the obviously increasing use of progress classes for educationally subnormal children and the reduction which this is effecting in the waiting lists for the residential special schools. More children are also being recommended, as will be seen, for special class treatment. It would be most interesting to know whether any evaluation can be made of the relative values of progress classes and special school education for many of these children.

It was most helpful during 1965 to have the Director of Education's co-operation in arranging a discussion and exchange of ideas between the two recently appointed peripatetic progress class teachers and the school medical officers who complete the recommendations on special educational treatment for educationally subnormal children. This widening spectrum of such help is, I am sure, a very significant advance, along with the development mentioned last year, of two-class progress units in certain junior schools.

I am sure, however, that the value of the residential special school for educationally subnormal children will remain undiminished and I am most grateful to Mr. Cowell, Deputy Headmaster of Ingwell School, for the following very interesting comments on the activities of the boys at Ingwell:—

" One of the successful ventures at Ingwell School has been the introduction of the School Farm Project. The stock consists of sheep, lambs, calves, pigs, hens and a Pets Corner, complete with aviary and pigeon loft.

" The boys' interest does not stop at the feeding and attending of the animals, useful though this is, but is carried on into the classroom and used in various ways. The keeping of records, graphs and charts showing such things as production, costs and food conversion is but one example.

" The cattle auction mart is one of the many interesting places visited. This visit is arranged when the school stock is being sold. The preparation of the animals, transport, grading, bidding and discussion with the people they meet there provide a lively topic of conversation on their return to school.

" We have, from time to time, received many favourable reports on the conduct of our boys who are members of the Whitehaven Army Cadets. They take part in all the activities

connected with it, including weekend camps. We also have boys in the Sea Cadets. Some local youth clubs maintain contact with the school and arrange fixtures for both outdoor and indoor games. Many of the boys are enthusiastic swimmers as a result of the weekly school sessions at the swimming baths. The number of swimming and life-saving certificates obtained has been surprising. A group of boys attend the baths regularly at the weekends throughout the year on their own initiative.

" During the summer term the members of staff take groups of boys fell walking. Most of the well known climbs in the district have been accomplished and written about during the past few years. Both fell walking and camping are very popular pastimes.

" Among the creative work being carried out, three branches, namely painting, pottery and canework are developed more fully. The painting consists of individual work in oils and poster colours, community efforts, collages and mobiles. In pottery all work is hand moulded and particular attention is paid to decoration and glazing. The canework depends on individual choice and usually consists of such things as work baskets and trays.

" The boys have derived much enjoyment and satisfaction from creative music. Using ' Orff ' instruments, such as xylophones and glockenspiels, some of which were made by the boys themselves, they played and sang carols used in the Nativity Play. Unassisted, they are able to learn and play by ear, the tunes of ' pop ' songs on these instruments. They also compose their own songs, which they accompany."

2 H.P. EXAMINATIONS COMPLETED IN 1965 UNDER SECTION 34 or 57

Recommended Special School—E.S.N. ...	31	
Recommended Special Class—E.S.N.	20	
Reported unsuitable for education at school ...	15	
No special educational treatment required ...	2	
Decision deferred	7	
Total ...	75	(75)

Number of boys on waiting list for Ingwell School	34	
Number of girls on waiting list for Higham School	29	
Total ...	63	(74)

NEW CASES REFERRED IN 1965

Placed under supervision for further investigation of intellectual capacity

Referred by:—

School Medical Officers	12	
Psychologists and Teachers	31	
Consultants and Hospitals	4	
Health Visitors	9	
Others	4	
Total ...	60	(75)

Supervision of Educationally Subnormal Leavers

The table on page 70 again shows the position with regard to the supervision of educationally subnormal leavers during 1965 and in the previous two years.

There is no doubt that the employment situation, especially in West Cumberland, has an effect on this question of the satisfactory placement of these children in suitable employment, and I think it is very encouraging to see that so many have been found employment, in many cases by the combined efforts of the officers of the Ministry of Labour, the social welfare officer or health visitor supervising the child, and in many cases by the careful planning of the heads of schools, especially the special schools.

SUPERVISION OF EDUCATIONALLY SUB-NORMAL SCHOOL LEAVERS

	1963.	*1964.*	*1965.*
Total number of leavers	42	51	55
Placed under supervision of Mental Welfare Officers	9	24	16
How placed at end of one year:			
(*a*) employed	6 (6)	10 (13)	9
(*b*) unemployed	2 (2)	9 (10)	6
(*c*) unemployable	1 (—)	4 (1)	—
(*d*) at training centre	— (1)	1 (—)	1
Placed under supervision of Health Visitors	16	18	23
How placed at end of one year:			
(*a*) employed	10 (11)	9 (13)	16
(*b*) unemployed	6 (5)	4 (3)	4
(*c*) unemployable	— (—)	4 (1)	1
(*d*) at training centre	— (—)	1 (1)	2

Figures in brackets denote the situation at the end of 1965, of 1963 and 1964 leavers

DENTAL SERVICE

Mr. R. B. Neal, Principal School Dental Officer, has kindly prepared the following report on the work of the School Dental Service during the year:—

" It is most gratifying to be able to report continued progress in the improvement in clinics in Cumberland as regards surgery accommodation and equipment, although waiting-room accommodation awaits considerable improvement in some of the older clinics.

" Work is already in progress to modernise the clinics at Millom and Penrith, while a new surgery has been installed at Workington Park Lane. The building of Cleator Moor clinic is finished and will be equipped and fully functional in the new year. During 1966 it is hoped to modernise three more surgeries and to build one new one. These new clinics and conversions are welcomed by staff and patients alike, perhaps the patients being the more appreciative.

" Orthodontic work is certainly on the increase and it is most encouraging to receive so many direct requests from parents for this treatment. The dental officers who act as clinical assistants on a part-time basis, one session per week, find it to be of tremendous value because of the experience which they obtain while working with Mr. G. H. Roberts, the Consultant Orthodontist, particularly in the selection of cases.

" The year has brought no new dental officers to Cumberland and two are urgently required in the West. In order to try and relieve the situation four sessions each week will be done in Egremont by the dental staff from the East. This will certainly involve a considerable amount of travelling, but at present there is only one dental officer for the whole area to the South and West of Whitehaven and only one general dental practitioner.

" At this stage one can only try to stress the real significance and importance of fluoridation, because it is only by this means that the need for so much radical and conservative dentistry can be reduced. There is plenty of proof both as to the safety and efficacy of fluoridation over very many years, and one can only hope that the Water Boards will all agree to treat this

matter as one of extreme urgency and start adding fluorides in the very near future. So many people appear to have erroneous ideas regarding fluoridation that perhaps it should be stressed that the water is completely unaltered in any way except that it becomes more beneficial to the people—children particularly, but older people benefit as well—and provides a most necessary mineral supplement, which helps to ameliorate the condition of dental decay brought about by a complex of factors, including often poor oral hygiene and inadequate concentration of fluoride in the water ingested. Our County Medical Officer and his staff should certainly receive special mention for all the hard work which they have done towards educating the public regarding the advantages of fluoridation.

" The Hospital Service and the School Dental Service are still working in the closest harmony and one of the consultant anaesthetists from the West Cumberland Hospital now does weekly general anaesthetic sessions, alternating between Whitehaven and Workington. Dr. Platt has been most helpful in advising on the medical condition of the children, and our association with all the hospitals has brought nothing but benefit to the dental staff and their patients.

" Research work is still being done by Mr. J. A. G. Baxter, and it would appear that he is making extremely good progress. It is seldom that one meets so dedicated a person as Mr. Baxter and it is a great pity that he cannot be allowed more official time for such highly important work.

" Owing to the resignation of Mrs. Hayes in November, 1964, and Mr. Hayes in October, 1964—neither of whom have been replaced—there has been a consequential fall in the amount of work done. Despite the fact that most of the staff have willingly moved around and taken on extra clinics, one cannot adequately cope with the demand for treatment in West Cumberland. It is certainly most satisfactory, however, to note that the ratio of fillings in permanent teeth compared with extractions continues to rise, particularly when one realises that many of these extractions are done for orthodontic reasons."

Mr. I. R. C. Crabb, Area Dental Officer, has contributed the following report:—

" During the past year the programme of modernising and improving clinic accommodation has gone ahead in West and

South Cumberland, with the provision of a new purpose built clinic at Cleator Moor, the forming of a new second dental surgery in Park Lane Clinic, Workington, and the re-equipping of the dental surgery in Millom Clinic. In all these premises the modern trend has continued, with up-to-date equipment, built-in surgery furnishings and restful decor.

" Where possible McMaster Slave Units have been installed, which are remote controlled for movement, and have all the normal alarming array of motors, drills, compressors, etc., concealed behind innocuous looking drawers and panels! Latest design dental chairs and operating stools have been provided and the built-in formica topped units provide for stainless steel sinks, store cupboards, filing drawers and desks. The decor in varying and contrasting colour schemes is restful. Patients and staff alike are enthusiastic. Patients, particularly children, find the surgeries less alarming and bewildering. Operators find the equipment less tiring to work with, both physically and mentally, and surgery assistants find the whole layout easier to maintain in a clean and orderly condition. The recently completed clinic at Cleator Moor is a completely new concept in design and decor and, while appearing somewhat startling at first sight, it is soon appreciated as a product of modern planning.

" The provision of a second dental surgery in Park Lane Clinic to replace the old one in Stoneleigh is very welcome. It is extremely convenient having both dental officers under one roof where they can consult one another and assist each other when necessary. The only disadvantage is that the surgery was constructed from the old waiting room and, so far, it has been impossible to provide any waiting accommodation apart from the corridor, which is not particularly convenient or comfortable for patients.

" At Millom it has, unfortunately, been impossible to install a McMaster Slave Unit owing to the dimensions of the surgery, but the traditional unit installed is the best of its kind, and is certain to be a great improvement on the old equipment.

" Both areas are one dental officer under complement, which involves the existing staff in a great deal of additional travelling and work, but they are all to be complimented on the manner

in which they are co-operating and coping with the difficulties entailed."

I am grateful to Mr. I. H. Parsons, Dental Officer in the Brampton area, for the following report:—

" In the area for which I am responsible as School Dental Officer a proportion of the time in the clinic is devoted to the practice of orthodontics. This takes the form of appliance work, and also extraction therapy, which is planned so as to avoid, if possible, the need for an appliance at a later date. This is a very important aspect of orthodontics, although this is not often realised.

" At the present time there are about eighty children under active treatment and probably one hundred more who are under regular observation. I feel, though, that a thorough survey would be of inestimable value to determine the likely extent of future need, since an ordinary school dental inspection does not always reveal orthodontic defects—only gross abnormalities are obvious at so cursory an examination.

" Since a very interesting series of lectures some two and a half years ago from our consultant, Mr. G. H. Roberts, many patients who would have been referred to the City General Hospital for treatment now receive attention from our school clinics, with a great saving in time and cost to the parents. There are, however, some cases which are beyond the scope of our limited services, such as fixed appliances, which require the mastery of a complicated technique from both dental officer and technician alike. Such cases are referred to the hospital for treatment, where a complete range of orthodontic work can be undertaken. In addition, patients for whom diagnosis is difficult or uncertain can be sent for consultation, and we are fortunate that a very friendly liaison exists between our schools service and that of the hospital. Mr. Roberts' experience and advice and also that of the hospital technicians can be freely sought.

" For some months now I have had the privilege of attending the hospital clinic for one session weekly, from which has been gained not only valuable experience, but an insight into the very latest techniques. I am indeed grateful to Dr. Leiper, Mr. Roberts and Mr. Neal, that these facilities were made available."

PREVENTION OF INFECTION

Protection against Tuberculosis

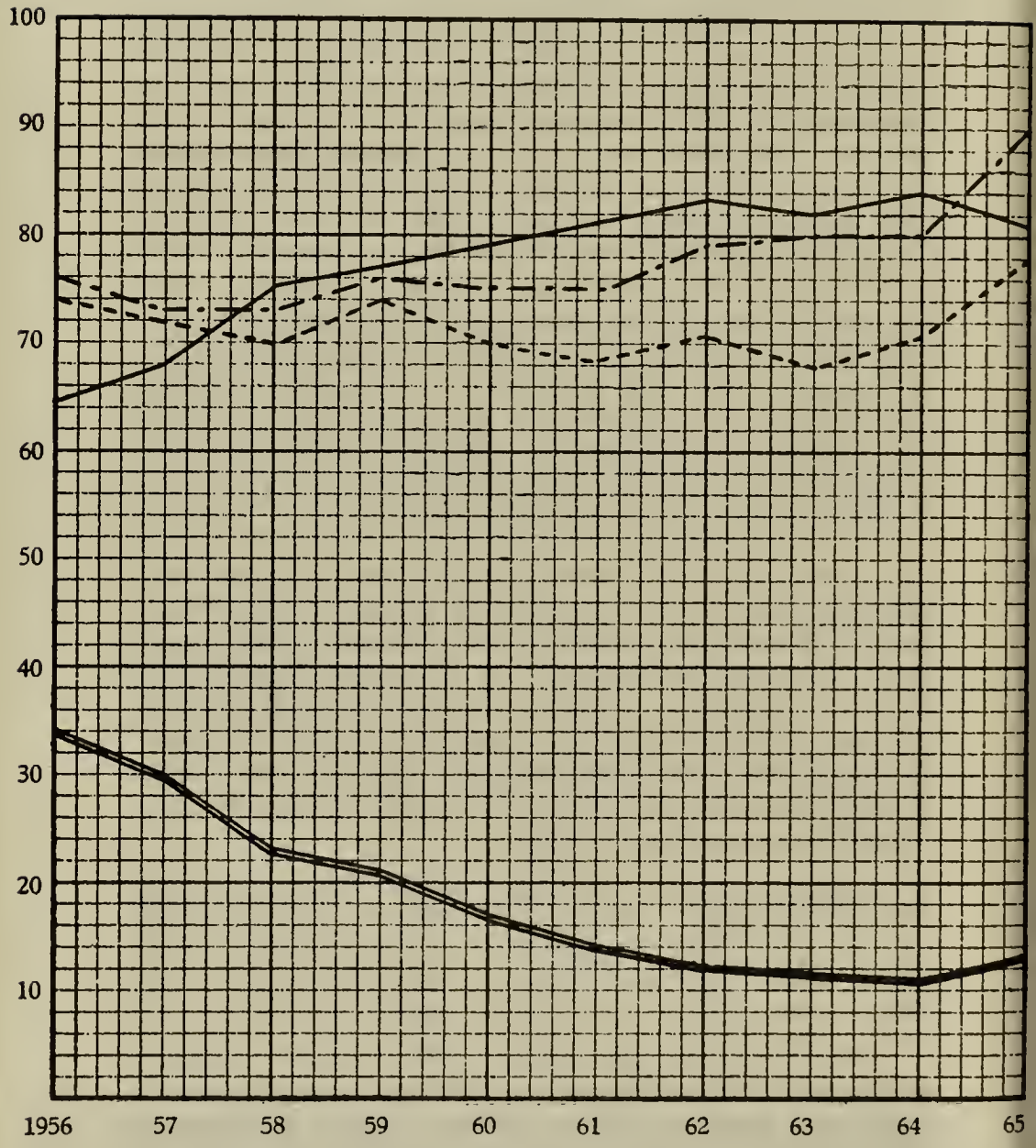
I drew attention in my report last year to the completion of a decade of B.C.G. vaccination of school children. The most striking feature of this period was the steady decline in the percentage of children Mantoux tested who were found to be positive. The graph on page 76 was already indicating last year a flattening out of this figure, and it will be seen that in 1965 there was a slight rise again to a figure of 13.3% positives. Considering that this is associated with a substantial increase in the number of parents and children consenting to have Mantoux testing, I would not regard this figure with any particular disquiet. It is within the range of fluctuation which might be expected at this stage in the B.C.G. vaccination programme and in the pattern of tuberculosis generally in the County and the country. Notifications of pulmonary tuberculosis have decreased steadily over the past ten years, being less than half in 1965 (56) of the figure for 1960 (126).

I would refer back, however, to the fact mentioned above that there has been a very gratifying increase in the consent rate for Mantoux testing and B.C.G. vaccination where appropriate. This has risen from 80% in the past two years to 90% in 1965, and follows a determined drive in this direction by the area medical officers with the great help of the school staffs in encouraging a more comprehensive return of consent forms. I show again below the table which contains the data on those offered Mantoux testing in 1965.

Year	No. offered Mantoux Test	No. of consents	% of consents	No. Mantoux tested	% tested of those offered	No. found positive	% found positive	No. given B.C.G.
1962	3,766	2,968	79	2,665	71	356	13.3	2,206
1963	3,614	2,904	80	2,465	68	294	11.9	2,023
1964	6,676	5,332	80	4,733	71	526	11.1	3,965
1965	3,528	3,210	90	2,790	78	370	13.3	2,262

Three hundred and seventy children gave a positive response to Mantoux skin testing and were, as usual, referred to the chest clinic for an X-ray. Of these children, 246 attended and only two were not satisfactory (non-tuberculous disease). Of the 246 so screened, thirty-six were already known to the chest clinic and were under observation. The number of children already known to have had B.C.G. vaccination

PERCENTAGES — MANTOUX TESTING AND B.C.G. VACCINATIONS, 1956-1965



previously was 147. I am still concerned to see a larger number of those who are Mantoux positive taking advantage of the arrangements made for a chest X-ray subsequently.

At present there is under investigation a new piece of apparatus for the administration of tuberculin for skin tests, and of B.C.G. This is a pressure gun apparatus which injects into the skin the necessary material without the actual piercing of the surface by a needle. This appears to involve considerably less discomfort for the subjects and, if information being sought confirms the value of this apparatus, I will be recommending its introduction to the Committee.

Protection against Diphtheria and Tetanus

The numbers of school children immunised against diphtheria during 1965 were as follows:—

Primary course	1,016
Reinforcing injections	4,024

The numbers of school children vaccinated against tetanus during 1965 were as follows:—

Primary course	1,974
Reinforcing injections	2,922

It will be seen that approximately 5,000 children were immunised against diphtheria and against tetanus during the year. There is a difference in balance between primary and reinforcing injections for the two diseases because a substantial number of school entrant children are still requiring a primary course of tetanus protection. This is partly due to the imperfection of my records on the state of protection of pre-school children, and partly to the fact that the immunisation rate with triple vaccine in the pre-school years still leaves something to be desired. Despite great efforts to maintain the pre-school immunisation records as comprehensively as possible, there are still gaps where children have not been immunised in County Council clinics, although I am grateful to those general practitioners who do most carefully send in the records of the children they immunise.

This figure of 5,000 children immunised in the year is disappointing in the sense that I had hoped for more progress towards the target figure of 7,500. This situation is, however, to quite an extent accounted for by a considerable amount of extra time which was devoted in the middle and latter parts of 1965 to really significantly boosting the immunisation state of the school population against poliomyelitis. This I mention further below.

The new Ministry of Health ruling on the giving of diphtheria and tetanus reinforcement at school at the same time as the fourth dose of oral poliomyelitis vaccine, has come about during 1965 as I foreshadowed in my report last year. This now allows of a certain reduction in visits to infants' schools. Another topic which affects conservation of time and visits is the rôle which the school nurse can reasonably be expected to play in vaccinations and immunisations. It has generally been felt by authorities that a doctor should be present when these procedures are undertaken, but it is interesting to speculate as to whether a movement which has been much discussed recently will gather momentum in the direction of a nurse administering these preventive health substances on her own.

During 1965 a further look was taken at the question of the attendance by parents at immunisation sessions in schools, and I had occasion to discuss this with several general practitioner colleagues. It is still my view and, I think, that of most people who have considered the matter carefully, including the staff of schools, that immunisation sessions are smoother and happier affairs for the children if there is no general attendance of parents. Every effort will be made, however, to ensure the parents have a reasonably clear picture of what immunisation procedures their children are receiving. This mainly consists in reducing to a minimum the interval between the parents signing the consent form and the immunising procedure being undertaken at the school.

Yet a further revision has been undertaken of the forms used and issued to parents in connection with these immunisations with a view to simplifying the matter as far as possible and ensuring that parents are aware that all immunisation procedures, except B.C.G., can be given at their wish, by the family doctor.

Protection against Poliomyelitis

It will be recalled that during 1965 there was an outbreak of poliomyelitis centred on the County Borough of Blackburn in Lancashire. It was re-emphasised at this time that the exclusion of poliomyelitis from any area, or at least the prevention of its serious spread should it be introduced, depended to a very great extent on the state of immunity of young people of the school and pre-school age groups. While the poliomyelitis immunisation programme had been going quite well up to that point in the year, additional vigorous effort was commenced then to establish a really high level of immunity in the school population before the end of 1965. Much time and effort by school medical officers and school nurses was devoted to this and again only bore fruit in association with the excellent co-operation of the schools. In all, 4,697 children received reinforcing doses, while 1,089 primary courses were given. These figures compared with 1,592 reinforcement and 422 primary courses in the previous year. I regard this as a very satisfactory result and I believe that by their wisdom the Cumbrian parents have very materially increased the security of this County against a serious outbreak of poliomyelitis.

Infectious Diseases

The table on page 81 shows the incidence of notified infectious disease in school children during the year. The continuing high incidence of measles was noted last year and it will be seen that there were 1,544 cases notified in 1965, compared with 506 in 1964. At the time of writing this report a circular has been received from the Ministry of Health indicating that the decision rests with each local authority as to whether a general scheme is introduced for vaccination against measles in the immediate future. It has been shown that this can be done effectively by one of two schedules involving respectively one or two injections. Many factors require to be weighed carefully before a recommendation is made as to any general scheme of measles vaccination, and considerable discussion on this topic will undoubtedly develop during 1966.

Amongst gastro-intestinal infections, the outstanding occurrence during 1965 was the incidence of para-typhoid " B " which originated in a milk-borne outbreak in the Blackpool area and spread to many parts of the country, mainly through numbers of holidaymakers. Cumberland received a generous

share of these unfortunate sufferers, and although few were seriously ill (the organism involved was associated generally with a low grade illness) there was considerable anxiety for a time since numbers in the order of 10, 20 and 30 individuals in different parts of the County were known to be affected. Happily the outbreak did not spread significantly from those "first generation" cases who had come directly from the Blackpool area, and by the time schools were due to resume at the beginning of September, there were only isolated problems to be resolved about the attendance of a few infected children and one suspect who was a school meals employee.

Dysentery was also very troublesome in the Penrith area during the year, when, as is usually the case in these circumstances, the schools shared the problem for a time. Thus, while drawing attention to some of the imperfections of older school buildings now being steadily improved, this was also the occasion for an intensive setting-up of health education amongst the children on hand hygiene.

Dr. J. E. Ainsworth, Assistant School Medical Officer, has made the following comments on infections in the area of West Cumberland where she works.

"There seems to have been persistent small pockets of scabies in Workington during the year. Some were found on visits to schools, e.g., immunisation sessions. Some of these cases have been very persistent and resistant to treatment. One wonders if the type of scabies has changed, especially in view of Workington being a port.

"One outbreak of infectious hepatitis was interesting at Harrington Infants' School. This lasted from 1st December, 1964, to 4th February, 1965. There were also other members of the families of the affected children with jaundice. During December there were six children and the School Meals Supervisor affected between 1st and 17th December. The usual precautions of hygiene, paper towels, disinfecting articles handled where possible, and immediate exclusion of any child starting with the condition was carried out. It was thought perhaps the Christmas holiday would stop the epidemic, but on returning to school in January, 1965, two cases appeared in children on 6th January. One case appeared on 7th January, one on the 8th, 11th and 19th. The last case appeared on 4th February and this ended the outbreak."

Cases of Infectious Diseases in Children of School Age, 1965

	Scarlet Fever	Whooping Cough	Measles (excluding Rubella)	Dysentery	Meningococcal Infection	Ac. Pneumonia	Food Poisoning	T.B. Respiratory	T.B. Meninges & C.N.S.	T.B. Other	Paratyphoid	TOTAL
URBAN:												
Cockermouth	—	—	35	1	—	—	—	—	—	—	1	37
Keswick ...	—	—	3	—	—	—	—	—	—	—	—	3
Maryport ...	6	1	69	—	—	—	—	—	—	1	—	77
Penrith ...	4	—	58	3	—	—	—	—	—	—	—	65
Whitehaven ...	12	—	307	1	—	1	—	—	—	—	—	321
Workington ...	1	—	84	3	—	—	—	—	1	—	—	89
RURAL:												
Alston ...	—	—	3	—	—	—	—	—	—	—	—	3
Border ...	2	—	254	26	—	—	—	—	—	—	1	283
Cockermouth	9	—	144	5	—	—	—	—	—	—	2	160
Ennerdale ...	8	—	349	9	—	—	—	—	—	—	—	366
Millom ...	—	2	94	—	—	—	—	—	—	—	—	96
Penrith ...	4	1	29	13	—	—	—	—	—	—	—	47
Wigton ...	7	—	115	7	—	—	—	—	—	—	2	131
Total	53	4	1544	68	—	1	—	—	1	1	6	1678

No notifications were received in respect of poliomyelitis, diphtheria and smallpox.

Swimming Baths

The swimming bath at Wyndham School, Egremont, was installed towards the end of last year and is under the control of a manager who has advice and assistance from the Public Health Inspector of the Ennerdale Rural District Council. Analyses of the six water samples taken during the year have been satisfactory, five being bacteriological samples and one chemical analysis check. It was found, however, that a slightly excessive proportion of alum was being applied to the treatment of the water and the filter manufacturers were asked to remedy the excessive dosage.

An open air swimming pool, provided mainly by local effort, came into use during the year at Ehenside School, Cleator Moor, and the two bacteriological samples taken were both satisfactory, the pool not being in use until mid-year, thus not allowing of the customary number of samples being taken.

Due to a fault in the filter system the pool at Millom Comprehensive School was closed from June, 1964, but this defect was ultimately remedied and the pool was again available in May, 1965. Nine bacteriological samples were taken during the year, seven of which were satisfactory and two unsatisfactory. As a result of the unsatisfactory samples the water chlorination was stepped up and subsequent samples were found to be satisfactory.

Water samples taken from the swimming pool at Seascale Primary School during the year have proved to be consistently satisfactory.

Dr. E. M. O. Campbell, Medical Officer of Health, Maryport, reports as follows on the swimming bath at Netherhall School, Maryport:—

"The baths are proving more satisfactory since the larger chlorination plant and filter were installed in 1964. Water samples are taken regularly and whilst there have been one or two unsatisfactory, these have quickly righted themselves and, in the main, the samples have been up to standard. The load for these baths is a heavy one as, in addition to being in use by several other schools in the area, it is also available to Further

Education students and members of the public on six evenings per week."

The Purley Pool at St. Andrew's School, Penrith, proved to be very satisfactory and the water samples taken were consistently good.

The swimming pool at Keswick School, which was still in course of construction at the end of the year, is expected to be completed by the beginning of June of next year.

HEALTH EDUCATION

Miss M. Blockey, Deputy Superintendent Nursing Officer, has prepared the following report on "Health Education":—

"All of you who read this report will know the inestimable value and importance of education; education must be given to every school child according to age, ability and aptitude.

"Can we separate health education from general education? I think not. Without a healthy mind and body the art of learning is impossible. Not only must we learn to live healthy lives ourselves, but as we are all members of the community we therefore have a dual responsibility, to ourselves, and to our fellow members.

"It is with the art of changing community attitudes, not merely with having an awareness of fact, that we, as health educators are chiefly concerned and, since the successful teacher should have a regard to the needs, problems, beliefs and attitudes of the persons or groups being taught, what better time to start this idea of changing community attitudes than with the school child; and who is better equipped to undertake this task in the field of health than the school nurse/health visitor.

"All members of the staff take the opportunity of encouraging the promotion of high health standards in their day to day meetings with members of the general public but, perhaps, particular thought and more formal health education is given to the school child, both at school, in group work, and the follow-up domiciliary visits to the parents.

"The use of colour slides taken from the actual field work of the Health Department adds the spice of local topicality in talks and demonstrations to various age groups in the schools.

"The appointment of health visitors and school nurses, who have received specific training in methods of communication to be employed in 'getting ideas over' to the school child, is a step forward in the direction of increased departmental time and energy devoted to this cause.

"One of the main problems today is in trying to match and often combat the ingenious commercial methods of advertising where a large amount of time and money, trial and error, are spent in reaching the family in their own homes.

" Unfortunately, only in large epidemics does the public ' en masse ' turn for advice to a Public Health Department (by then at full stretch); otherwise the general apathy can only be attacked as by water dripping on a stone.

" However, we all know that ' hope springs eternal in the human breast ' and that without effort nothing worthwhile is achieved.

" One member of the staff actively engaged in health education in schools reports on her activities for the year:—

" ' During the year I commenced on a series of talks with films and other visual aids in five village schools. The children's ages ranged from seven to eleven years. Firstly, I discussed the talks with the school teachers, who have all been very co-operative.

" ' The talks were on the following subjects:—

1. Care of Teeth, using visual aids.
2. Personal Hygiene.
3. Home Safety.
4. Nutrition and Food Hygiene.
5. Care of the Feet and Fitting Shoes.
6. Chains of Infection.
7. Care of the Hair.
8. Dangers of Smoking (in several schools there have been groups of early smokers).

" ' The groups varied from ten to sixteen in number. All the children appeared interested and retained knowledge very well, so well, in fact, that I will have to prepare another series for next year.'

" Another nurse reports:—

" ' I have given twenty-six talks in schools over the past year. At two secondary modern schools a course of talks under the heading " Personal Hygiene," including care of the skin, hair, ears, eyes, hands, feet and teeth. This is part of the course set for the Duke of Edinburgh Bronze Award Scheme.

" ' I have continued, as an accepted course, a series of talks called " Women of Tomorrow." This starts as a film on

menstruation, the need for two parents and care of the baby and toddler—emphasising the needs and dangers.

" ' Often schools mention that they would like more health education but their curriculum is so full that they cannot arrange it. I realise we have four years before the school leaving age is to be raised, but I wonder if we could prepare a course, perhaps based on the course by the National Association for Maternal and Child Welfare for the girls who are not interested in ordinary school work — perhaps taking these girls for one session each week for their last full year.'

" A health visitor reports from a semi-rural area, after spending much time and thought on the needs of the school child: —

" ' I gave a course of mothercraft lectures during midday break to children taking part in a Duke of Edinburgh Award Scheme.

" ' During a recent outbreak of dysentery, talks were also given on the prevention of spread of infection.

" ' One girl from the local grammar school, who wished to enter for the Duke of Edinburgh Gold Award Medal was coached and instructed at the child welfare clinic during the evenings and I am happy to report that, after the examination, taken by a general practitioner in the area, she passed with high marks.

" ' I find that many girls from the age of ten to eleven years up to school leaving age show interest in the care and management of babies and small children and are mature in their attitudes towards them. This is shown by their ability to relate what they are being taught to the activities of small children with whom they are in contact.

" ' This interest seems to be a normal stage of development of adolescent girls and part of the whole maturing process. When this stage is reached the girl is receptive to information and time spent teaching " mothercraft " is time well spent.'

" In a similar area a report states: —

" ' Opportunities for health education in a secondary modern school are given to talk to the school leavers. I take

four two-hour sessions and cover baby care, including not only physical needs but also mental needs.

" ' One session is devoted to " Basis for Beauty " covering diet, general hygiene, clothing, grooming, etc. The fourth session is on relationships.

" ' Each week opportunities are given for the class to put questions into their " Question Box." This, I find, brings forward more questions, i.e., " How is the baby fed in the mother "; " If an expectant mother falls will her baby be injured?"; " How soon should a girl have a boy friend?" This type of question makes excellent openings for group discussion.

" ' The health education is linked up by projects done in school by the girls, such as making baby clothes, scrap books and note books. It is to be hoped that these girls will have been made more aware of the many demands that will be made upon them as employees, wives and mothers.'

" In a more urban area, a health visitor reports: —

" ' Health education in schools continues weekly. Recently I have attempted to include more about human relationships and emotional development. Apart from weekly groups I have given a course of six talks to secondary school entrants on " Growing up, Menstruation, Personal Relationships, etc." I have included discussion of the children's questions at each session. I have also recently started weekly talks and discussions at another secondary modern school at the request of the head master. This course is on human relationships and started because of the wish to enlist the help of the group with the care of the elderly. School children from classes, taught by the health visitors, are now attending child welfare sessions, two from each school on alternate weeks. They help the mothers with their babies, supervise the toddlers and assist both the staff of the clinic and the voluntary workers.'

" Another health visitor working in a similar area reports: —

" ' The health visitor finds the school child both receptive and interested and gets pleasure from giving talks. Following some of these talks the children have made scrap books, drawn

pictures and written some good and some amusing and some mis-spelt essays, proving that some points had been noted and remembered. Most of the classes are rather large, seventy to eighty, and of various ages.

" ' We feel, however, that we are merely skimming the surface and that health education on a wider scale would be achieved if it were included in the school syllabus. Menstruation, Sex Instruction and the Dangers of the Venereal Diseases are all important subjects which ought to be put across to the right age groups before they leave school.'

" One of the School Medical Officers has the following comment to make:—

" ' From the viewpoint of health education I was most interested to find two boys at a secondary school, both from poor home backgrounds, keeping and breeding birds as a hobby. Those working in the School Medical Service have a great opportunity to help to guide the minds of the next generation. Children's leisure and the way they spend it interests me. One of these boys, who keeps many varieties of birds and breeds them, is very knowledgeable about birds. I have also been gratified and surprised that children who have had no lessons outside school in music have the interest to learn to play in the school orchestra. In one school not one boy has music lessons outside school and yet one child I know from my days in general practice, who comes from a very poor home with no stimuli, was playing a minuet by Mozart from " Giovanni " on the violin.'

" One area nursing officer who has worked in the County for many years makes some interesting observations.

" ' Co-operation is increasing in the School Health Service as in other fields.'

" ' Is the secondment of health visitors also having an effect on the school child? I think so. The reason may be that the mother has got to know her health visitor/school nurse better in working with her doctor and has, therefore, become more open-minded towards local authority staff.'

" ' The increase in interesting problems brought forward by teachers is requiring much more time than school work used to.'

" ' With our affluent society—both parents working—the children have more money to spend. This has created many problems such as behaviour difficulties, overweight and smoking.'

" The dangers of cigarette smoking continue to be kept constantly before the children in schools and the reference of one of the school nurses above to this subject indicates clearly that the need of warning is present in the junior schools. The showing of a film, followed by brief discussion in one large secondary modern school, drew further brisk reaction from the pupils, though the evaluation of such efforts is as difficult as ever and any confidence of solid benefit remains elusive. It may be that more will be achieved obliquely in dissuading school children from smoking by the encouragement in healthful pursuits such as are associated with the Duke of Edinburgh Award Scheme. It is, therefore, very gratifying to be able to report the above comments of several of the nurses about their part in these schemes.

" But we, as health educators, must keep our high ideals, our determination and our enthusiasm for it is our example and our teaching that will influence the school children of today and the men and women of tomorrow.

" Let us lay a good foundation on rock and let the inscription be, ' To strive, to seek, to find, and not to yield.' "

RELATED SERVICES

Medical Examination of Teachers

Full medical examinations (including chest X-ray) are required for certain senior teaching appointments, and for those either taking up a teaching post for the first time or who have had a break in service for a period of twelve months or more; the number of such examinations during the year was 144.

For teaching appointments other than above, the completion of a questionnaire and submission of a certificate of satisfactory chest X-ray is all that is required, and from the information supplied by the candidate an assessment is made whether a medical examination is necessary. During the year 136 such questionnaires were completed.

One hundred and eighty-five medical examinations were also carried out of candidates for entry to teacher training colleges.

School Premises

Mr. Gordon S. Bessey, Director of Education, has supplied the following note on developments in school premises:—

"New premises were provided for St. James's C. of E. Junior School, Whitehaven. Bewcastle Park School was closed and all the junior and infant children in the Bewcastle area accommodated in the remodelled Bewcastle Bailey School, renamed Bewcastle School. Instalments of remodelling were carried out at Bowness School; St. Michael's C. of E. School, Dalston; and St. Bees Village School. A timber classroom was erected at Crosthwaite Old School, Keswick, and one at Bridekirk Dovenby School. The additional accommodation at the latter school made it possible to close Isel School.

"A new kitchen was provided at Brigham C. of E. School, Keswick.

"Heating improvements were carried out at Flimby, Grasslot, Ireby and Warwicksland Schools. Improvements were carried out to the domestic hot water system at Higham School.

"Instalments of extensions were completed at the Cumberland and Westmorland Farm School and the Workington College of Further Education.

" Ehenside School brought into use a swimming bath provided by their own efforts with the aid of grants from the Ennerdale R.D.C. and the Education Authority.

" The Managers' projects for new premises were completed at Beckermet C. of E. School and St. Bridget's R.C. School, Egremont. Ivegill C. of E. School was remodelled, a classroom was enlarged and other improvements carried out at Blackford C. of E. School and new lavatory and sanitary accommodation was provided at Bothel C. of E. and Dean C. of E. Schools. Two temporary classrooms were erected at St. Begh's R.C. Junior School, Whitehaven."

School Meals

Mr. Bessey has also supplied the following report on the School Meals Service, together with the note on Milk in Schools which follows:—

" During 1965 a hot midday meal was available as in previous years for children attending the 274 nursery, primary and secondary schools maintained by the authority. A check undertaken on a day in mid-September revealed that 84.1% of children present at school took advantage of this opportunity. This percentage compares with 80.6% for a similar day in 1964 and is a record for the County. Details of the figures for the day in September, 1965, together with similar figures for a day in September, 1964, are set out below:—

Year	Primary and Nursery Schools			Secondary Schools			All schools combined		
	Number of children present	Number taking meals	Percentage taking meals	Number of children present	Number taking meals	Percentage taking meals	Number of children present	Number taking meals	Percentage taking meals
1965	20,726	16,793	81.4%	14,892	13,168	88.3%	35,618	29,961	84.1%
1964	20,691	15,903	76.9%	14,789	12,701	85.9%	35,480	28,604	80.6%

" New building work, together with the adaptation and improvement of existing premises, has continued during the year. As a result, the number of kitchens producing meals at the end of December, 1965, had risen to 137.

" Developments at secondary schools have included the opening on 1st September, 1965, of Beacon Hill School, Aspatria, which includes a 200 meals kitchen. All five kitchens

at Wyndham School, Egremont, are now in use. At the end of 1964 a choice of menu was being offered at fifteen secondary schools. This has continued to be popular with the pupils and has now been extended to twenty-two secondary schools.

" Steady progress has been made in the improvement of meals facilities at primary schools. In Egremont the kitchens of the new premises provided for St. Bridget's R.C. School and Bookwell Junior School, re-named Orgill Junior School, were brought into use during the first half of the year. New premises provided for Beckermet C. of E., Hensingham Infants and Stainton C. of E. Schools and for St. James's C. of E. Junior School, Whitehaven, have included kitchens.

" New kitchens have also been provided as part of remodelling schemes at Bewcastle Bailey School, Bowness School, Ivegill C. of E. School and St. Michael's C. of E. School, Dalston. A kitchen has been provided at Brigham C. of E. School, Keswick, and opened for the service of meals in January, 1966. These developments have helped in the progressive reduction in the number of container meals sent out to schools from central and other kitchens and the consequent improvement in meals being served has, no doubt, contributed towards the increased percentage of children taking meals.

Milk in Schools

" The figures given below show the consumption of milk by children present in the 274 nursery, primary and secondary schools maintained by the authority on a day in September, 1965, and for a day in the same month of 1964:—

Year	Primary and Nursery Schools			Secondary Schools			All schools combined		
	Number of children present	Number taking milk	Percentage taking milk	Number of children present	Number taking milk	Percentage taking milk	Number of children present	Number taking milk	Percentage taking milk
1965	20,726	19,060	91.9%	15,190	8,488	55.8%	35,916	27,548	76.7%
1964	20,691	19,074	92.2%	14,789	8,629	58.3%	35,480	27,703	78.1%

" The trend towards increased milk drinking in schools has not been maintained during 1965 and there has been a small fall in the percentage of children taking milk. This fall is most marked in secondary schools.

"The percentage of pasteurised milk as opposed to untreated milk consumed in schools again shows improvement. The comparative figures for 1964 and 1965 are as follows:—

	1964.	1965.
Pasteurised	87.0%	89.0%
Untreated	13.0%	11.0%

Physical Education

During the past twelve months interest in physical education has been evident at both local and national levels. Following a request from the Education Committee to investigate and present recommendations upon the provision of recreational facilities in this County, the Cumberland and Westmorland Playing Fields Association convened a conference in September of representatives of district and borough councils and major sports organisations. The conference, which was addressed by Mr. Walter Winterbottom, Director of the Sports Council, upon the needs of the community in the field of physical recreation, served to highlight the responsibilities of local authorities in provision, co-operation and planning for the many facets of recreation. With the development of the Northern Sports Council, which includes Cumberland, and with the increase in leisure time, the Association has a vital part to play in the social life of the community through advice, by initiating recreational schemes and by bringing together organisations and local authorities to pool resources and so make possible the development of leisure time pursuits which would otherwise be denied.

As attitudes towards recreation and the desirability for refined skills broaden, the necessity for a high standard of physical education in the schools has never before been more essential. In Cumberland the provision of opportunity for children continues to progress and this year the completion of the final Secondary School is notable; Beacon Hill School, Aspatria, makes a very pleasing and satisfactory addition to the list of schools with first class physical education facilities.

Several primary schools, including St. James's, Whitehaven, and Blennerhasset, have acquired indoor space for physical work as the result either of the moving away of senior children in the Aspatria area or of the building programme. It

is encouraging to see how enthusiastically these new facilities are received. In the Whitehaven area Hensingham and Orgill Junior Schools are experimenting with dance for the first time.

In the secondary schools the accent continues to be on giving children a guided choice of activities following the learning of basic skills. This flexibility of approach is particularly important for girls who seldom have the capacity to be completely committed to a physical pursuit. In many schools badminton and outdoor activities in particular provide a basis for future recreation. The artificial climbing walls at Ullswater, Lochinvar, Beacon Hill and Wyndham Schools have proved to be a valuable contribution in training school children and young people in climbing and rope techniques which are so important if the hazards of the hills are to be enjoyed in safety.

Competitions and coaching have been administered by the various school sports associations. The Cumberland Schools' Athletic Association held their annual coaching courses and had a most successful year in which the team won the Triangular Meeting with Northumberland and Durham and, later, performed very creditably at the National Schools' Championship, where C. Mossop won the Senior 220 yards.

The Cumberland Schools' Badminton Association continues to grow and has competed successfully against Lancashire. The Swimming Association reports similar progress following coaching from the A.S.A. National Technical Officer. The Cumberland Schools' Rugby League has played six representative matches, held a Coaching Course and two trophy competitions. With twenty-eight affiliated schools, the Cumberland and Westmorland Schools' Rugby Union have competed against Yorkshire, Cheshire, Leicestershire and Durham. Five boys gained North of England honours. The recently formed Cumberland Schools' Gymnastics Association has arranged local competitions and also sent boys to Nottingham and London for the All-England Schoolboys Gymnastic Tournament. The replies from a large majority of the grammar and secondary schools to a questionnaire circulated by the Cumberland Schools' Football Association are encouraging the Association to examine the problem of extending organisation of County football to the over 15 age groups. This desirable extension

to the coaching courses, shield competitions, district competitions and County games already arranged by the Association will complete a comprehensive organisation of schoolboy football in Cumberland. In cricket, expansion is taking place under the guidance of the Cumberland Schools' Cricket Association. A further coaching course held at Penrith, and a Midlands tour by the County XI, proved welcome additions to the well-established coaching and inter-County programme.

Although snow interfered with the Cumberland Schools' Hockey Association programme, junior and senior teams were coached together in September with noticeable improvement. Cumberland Netball Association organised the Schools' Tournament in March and an Umpiring Course, attended by some schoolgirls in October.

APPENDIX 'A'

MEDICAL INSPECTION AND TREATMENT

Part 1—Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

Table A—Periodic Medical Inspections

Age Groups inspected (By year of Birth) (1)	No. of Pupils who have received a full medical examination (2)	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination. (5)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No. (3)	Unsatisfactory No. (4)		For defective vision (excluding squint) (6)	For any other condition recorded at Part II (7)	Total individual pupils (8)
1961 and later	40	40	—	—	1	3	4
1960	1925	1922	3	—	41	125	166
1959	1731	1731	—	—	55	146	198
1958	179	179	—	—	7	16	22
1957	704	704	—	621	32	21	53
1956	48	48	—	—	5	4	9
1955	1815	1815	—	—	51	133	181
1954	123	123	—	—	1	5	6
1953	576	576	—	635	41	16	56
1952	27	27	—	—	—	2	2
1951	2670	2670	—	—	65	96	160
1950 and earlier	118	118	—	—	8	5	13
TOTAL	9956	9953	3	1256	307	572	870

Col. (3) total as a percentage of Col. (2) total = 99.97%.
Col. (4) total as a percentage of Col. (2) total = 0.03%.

Table B—Other Inspections

Number of Special Inspections ...	1,404
Number of Re-inspections	8,166
Total ...	9,570

Table C—Infestation with Vermin

(*a*) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	111,240
(*b*) Total number of individual pupils found to be infested	1,048
(*c*) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(*d*) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	1

Table D—Screening Tests of Vision and Hearing

1. (*a*) Is the vision of entrants tested as a routine within their first year at school?	Yes.
(*b*) If not, at what age is the first routine test carried out?	——
2. At what age(s) is vision testing repeated during a child's school life?	At ages 8, 10 and 14.
3. (*a*) Is colour vision testing undertaken?	Yes.
(*b*) If so, at what age?	14. } When choice of occupation or career
(*c*) Are both boys and girls tested?	Yes. } indicates testing advisable
4. (*a*) By whom is vision testing carried out?	School medical officers and school nurses.
(*b*) By whom is colour vision testing carried out?...	School medical officers and school nurses.
5. (*a*) Is routine audiometric testing of entrants carried out within their first year at school?	Yes.
(*b*) If not, at what age is the first routine audiometric test carried out?	——
(*c*) By whom is audiometric testing carried out? ...	County Audiometricians.

Part II—Defects found by Periodic and Special Medical Inspections during the year

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS								Special Inspections	
		Entrants		Leavers		Others		Total			
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
4	Skin	15	104	20	69	33	117	68	290	4	8
5	Eyes—a. Vision ...	83	370	65	477	154	522	302	1369	47	228
	b. Squint ...	20	54	4	11	5	26	29	91	7	7
	c. Other ...	11	22	10	12	12	39	33	73	1	3
6	Ears—a. Hearing ...	30	137	9	41	18	170	57	348	5	15
	b. Otitis Med	9	50	—	10	4	38	13	98	—	2
	c. Other ...	5	40	2	21	4	29	11	90	1	1
7	Nose and Throat ...	29	584	9	106	17	342	58	932	—	16
8	Speech	38	94	6	17	11	63	55	174	2	1
9	Lymphatic Glands...	2	111	—	6	1	19	3	136	1	1
10	Heart	5	112	2	77	2	104	9	293	—	3
11	Lungs	15	237	2	79	8	154	25	470	—	12
12	Developmental—										
	a. Hernia ...	4	20	2	4	4	18	10	42	—	1
	b. Other ...	1	102	8	38	16	96	25	236	—	1
13	Orthopaedic—										
	a. Posture ...	9	17	—	8	1	17	10	42	—	1
	b. Feet ...	44	157	8	47	45	184	97	378	6	5
	c. Other ...	31	187	8	102	25	151	64	440	4	5
14	Nervous System—										
	a. Epilepsy ...	—	11	—	4	—	11	—	26	—	—
	b. Other ...	2	19	1	7	5	71	8	97	1	2
15	Psychological—										
	a. Development	—	29	—	18	14	64	14	111	1	10
	b. Stability ...	4	88	—	21	12	88	16	197	2	4
16	Abdomen	2	44	1	30	4	35	7	109	—	4
17	Other	3	48	2	68	6	84	11	200	2	10

Part III—Treatment of Pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools)

Table A—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	—
Errors of refractions (including squint)...	3,329
Total	3,329
Number of pupils for whom spectacles were prescribed	1,750

Table B—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment—	
(*a*) for diseases of the ear ...	14
(*b*) for adenoids and chronic tonsilitis	65
(*c*) for other nose and throat conditions	22
Received other forms of treatment ...	24
Total	125

Total number of pupils in schools who are known to have been provided with hearing aids—	
(*a*) in 1965	14
(*b*) in previous years	101

Table C—Orthopaedic and Postural Defects

	Number of cases known to have been treated
(*a*) Pupils treated at clinics or out-patients departments	1,347
(*b*) Pupils treated at school for postural defects	—
Total	1,347

Table D—Diseases of the Skin

(excluding uncleanliness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm—(*a*) Scalp	—
(*b*) Body	2
Scabies	16
Impetigo	2
Other skin diseases	43
Total	63

Table E—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	584

Table F—Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists ...	545

Table G—Other Treatment Given

	Number of cases known to have been dealt with
(*a*) Pupils with minor ailments ...	370
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	126
(*c*) Pupils who received B.C.G. vaccination	2,262
(*d*) Other than (*a*), (*b*) and (*c*) above	—
Total (*a*)—(*d*) ...	2,758

Part IV—Dental Inspection and Treatment carried out by the Authority

1. **Attendances and Treatment.**

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	5,411	5,024	1,152	11,587
Subsequent visits ...	3,858	6,325	1,586	11,769
Total visits	9,269	11,349	2,738	23,356

1. **Attendances and Treatment**—cont.

Additional courses of treatment commenced	53	50	31	134
Fillings in permanent teeth	2,263	7,904	2,625	12,792
Fillings in deciduous teeth	1,777	143	—	1,920
Permanent teeth filled	1,959	7,400	2,432	11,791
Deciduous teeth filled	1,776	153	—	1,929
Permanent teeth extracted	774	2,535	536	3,845
Deciduous teeth extracted	7,955	1,595	—	9,550
General anaesthetics	1,958	874	72	2,904
Emergencies	460	284	129	873

Number of pupils X-rayed	253
Prophylaxis	285
Teeth otherwise conserved	290
Number of teeth root filled	38
Inlays	31
Crown	13
Course of treatment completed	8,918

2. **Orthodontics.**

Cases remaining from previous year	247
New cases commenced during year	235
Cases completed during year	78
Cases discontinued during year	13
No. of removable appliances fitted	253
No. of fixed appliances fitted	2
No. referred to Hospital Consultant	168

3. **Prosthetics.**

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	—	4	5	9
Pupils supplied with other dentures (first time)	3	140	113	256
No. of dentures supplied	3	144	118	265

4. **Anaesthetics.**

General anaesthetics administered by Dental Officers	2,779

5. **Inspections.**

(a) First inspection at school. Number of Pupils	26,593
(b) First inspection at clinic. Number of Pupils	1,410
Number of (a)+(b) found to require treatment	15,123
Number of (a)+(b) offered treatment	10,987
(c) Pupils re-inspected at school clinic	597
Number of (c) found to require treatment	339

6. **Sessions.**

Sessions devoted to treatment	2,998
Sessions devoted to inspection	256
Sessions devoted to Dental Health Education	9

APPENDIX B

Handicapped Pupils requiring Education at Special Schools approved under Section 9(5) of the Education Act, 1944, or Boarding in Boarding Homes.

During the calendar year ended 31st December, 1965	(1) Blind (2) Partially sighted		(3) Deaf (4) Partial hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech Defects		Total Cols. (1)-(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. How many handicapped pupils were newly assessed as needing special educational treatment at special schools or in boarding homes?	—	1	—	—	1	—	—	32	—	—	34
B. (i) of the children included at A, how many were newly placed in special schools (other than hospital special schools) or boarding homes?	--	—	—	—	—	—	—	3	—	—	3
(ii) of the children assessed prior to 1st January, 1965, how many were newly placed in special schools (other than hospital special schools) or boarding homes?	—	—	2	—	3	—	—	16	—	—	21
Total B(i) and B(ii) ...	—	—	2	—	3	—	—	19	—	—	24

During the calendar year ended 31st December. 1965	(1) Blind (2) Partially sighted		(3) Deaf (4) Partial hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech Defects		Total Cols. (1)-(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
On 20th January, 1966, how many handicapped pupils from the Authority's area:—											
C. (i) were requiring places in special schools—Total (a) day ...	—	—	—	—	—	—	—	50	—	—	50
(b) boarding ...	—	1	—	—	2	—	—	87	—	—	90
(ii) included at (i) had not reached the age of 5 and were awaiting (a) day places	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places	—	—	—	—	—	—	—	—	—	—	—
(iii) included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, were awaiting— (a) day places	—	—	—	—	—	—	—	20	—	—	20
(b) boarding places	—	—	—	—	1	—	—	39	—	—	40
(iv) included at C(i) had been awaiting admission to special schools for more than one year— (a) day places	—	—	—	—	—	—	—	38	—	—	38
(b) boarding places	—	—	—	—	1	—	1	68	—	—	70
D. (i) (1) were on the registers of maintained special schools as— (a) day pupils	—	—	—	—	—	—	—	—	—	—	—
(b) boarding pupils	—	1	—	—	1	—	—	81	—	—	83

(2) non-maintained special schools as—											
(a) day pupils	—	—	—	—	—	—	—	—	—	—	—
(b) boarding pupils	7	2	14	7	7	—	—	—	3	—	40
(ii) were on the registers of independent schools under arrangements made by the Authority	—	—	—	—	6	—	—	1	—	—	7
Total D(i) and D(ii) ...	7	3	14	7	14	—	—	82	3	—	130
(iii) were boarded in homes and not already included under (i) and (ii) above	—	—	—	—	—	—	1	—	—	—	1
Total [D(i), (ii) and (iii)]...	7	3	14	7	14	—	1	82	3	—	131
E. On or about 20th January, 1966, how many handicapped pupils (irrespective of the areas to which they belong) were being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944											
(i) in hospitals	—	—	—	—	8	—	—	—	—	—	8
(ii) in other groups (e.g., units for spastics, convalescent homes)	—	—	—	—	—	—	—	—	—	—	—
(iii) at home	1	—	—	—	6	—	—	—	—	—	7

APPENDIX C

SCHOOL HEALTH SERVICE CLINICS AS AT 31.12.65

(Actual school clinic work as distinct from special clinics is being carried out either in conjunction with child welfare clinic sessions or as specially required).

ALSTON:

Dental—2nd and 4th Tuesday—all day.

ASPATRIA:

Dental—2nd and 4th Friday—all day.
Orthopaedic Aftercare—4th Monday p.m.
Speech Therapy—Alternate Tuesday a.m.

BRAMPTON:

Dental—Each Tuesday and Wednesday—all day.
Orthopaedic Aftercare—1st Tuesday a.m.

CARLISLE:

Dental—Each Monday and Friday—all day.
At Eden School—4th Thursday—all day.
At Caldew School—1st, 3rd and 5th Friday—all day.
Eye Specialist—Each Wednesday and Thursday a.m.
Orthoptic—Each Wednesday and Thursday a.m.; and each Friday p.m.
E.N.T. Specialist—Monday p.m. as required.
Child Guidance—Each Thursday p.m.
Speech Therapy—Each Tuesday all day; each Thursday a.m.; each Friday p.m.
Orthopaedic Aftercare—Each Tuesday p.m.
Orthopaedic Surgeon—1st Monday every odd month p.m.; 1st Monday every fourth month a.m. and occasionally as required.

CLEATOR MOOR:

Dental—Each Tuesday—all day.
Orthopaedic Aftercare—1st and 3rd Tuesday p.m.

COCKERMOUTH:

Dental—Each Monday, Tuesday, Wednesday and Friday —all day.
Orthopaedic Aftercare—1st and 3rd Wednesday a.m.
Speech Therapy—Each Wednesday a.m.
Eye Specialist—2nd Friday a.m.

EGREMONT:

Dental—Each Monday—all day.
Orthopaedic Aftercare—1st and 3rd Tuesday a.m.

KESWICK:

Dental—Each Thursday—all day.
Speech Therapy—Each Wednesday p.m.
Orthopaedic Aftercare—3rd Monday p.m.
Eye Specialist—4th Friday a.m.

LONGTOWN:

Dental—Each Monday—all day.
Orthopaedic—3rd Tuesday p.m.

MARYPORT:

Dental—Each Monday and Thursday—all day.
Speech Therapy—Alternate Wednesday—all day.
Orthopaedic Aftercare—Alternate Tuesday all day.
Child Guidance—Each Monday p.m.

MILLOM:

Dental—Each Tuesday, Wednesday and Friday—all day.
Child Guidance—Thursday p.m. as required.
Orthopaedic Aftercare—3rd Monday a.m.
Eye Specialist—1st and 3rd Friday a.m.

PENRITH:

Dental—Each Tuesday, Wednesday, Thursday and Friday—all day.
Speech Therapy—Each Tuesday all day; each Friday a.m.
Orthopaedic Aftercare—2nd and 4th Wednesday a.m.; and 1st and 3rd Thursday p.m.
Orthopaedic Surgeon—1st Monday every fourth month p.m.
Orthoptic—Each Wednesday—all day.

SEASCALE:

Dental—Each Thursday—all day.
Orthopaedic Aftercare—3rd Monday p.m.

SALTERBECK:

Dental—Each Monday and Thursday—all day; each Wednesday a.m.
Orthoptic—Each Wednesday p.m.

SILLOTH:

Dental—1st, 2nd and 3rd Thursday—all day.
Orthopaedic Aftercare—4th Thursday p.m.

WHITEHAVEN (FLATT WALKS):

Dental—Each Monday, Wednesday, Thursday and Friday—all day.
Whitehaven Grammar School—Each Wednesday—all day.
School—Daily a.m. with medical officer attending each Wednesday morning.
Eye Specialist—Each Monday and Friday a.m.
Speech Therapy—Alternate Tuesday p.m.; Wednesday and Thursday—all day.
Orthopaedic Aftercare—Each Thursday—all day.
Orthopaedic Surgeon—1st Friday every odd month a.m.; 2nd Friday every even month a.m. and occasionally as required.
Child Guidance—Each Wednesday p.m. Each Friday a.m.

WHITEHAVEN (MIREHOUSE):

Dental—Thursday—all day.

WIGTON:

Dental—Each Tuesday and Wednesday—all day.
Speech Therapy—Alternate Thursday a.m.
Orthopaedic Aftercare—3rd Friday a.m.

WORKINGTON (STONELEIGH):

Dental—Each Tuesday and Friday—all day; Each Wednesday p.m.

WORKINGTON (PARK LANE):

Dental—Each Tuesday and Friday—all day; each Wednesday p.m.
School—Each Thursday.
Speech Therapy—Each Monday a.m.
Orthopaedic Aftercare—Each Friday p.m.
Orthopaedic Surgeon—1st Friday every even month a.m.; 2nd Friday every odd month a.m. and occasionally as required.
Child Guidance—Each Wednesday a.m.
Orthoptic—Each Monday a.m.